

Coaching Interest Form

Return completed form to: Interscholastic Athletics, 850 Hungerford Drive, Room 250, Rockville, Maryland 20850.
You may reproduce this form for submission.

<p><u>Personal Data:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>(H) Phone: _____ (W) Phone: _____</p> <p>Place of Employment: _____</p> <p>Email Address: _____</p> <hr style="border: 1px solid black;"/> <p><u>Coaching Interests:</u> <i>(list sports in order of preference)</i></p> <p>1.) _____</p> <p>2.) _____</p> <p>3.) _____</p> <hr style="border: 1px solid black;"/> <p><u>Coaching Experience:</u></p> <p>Are you currently coaching a sport? _____ Yes _____ No</p> <p>If yes, where / sport coaching: _____</p> <p>_____</p> <p>List previous coaching experiences:</p> <p>1) Team / Sport _____</p> <p>Number of Years Coached: _____ Level: _____</p> <p>2) Team / Sport _____</p> <p>Number of Years Coached: _____ Level: _____</p> <p>3) Team / Sport _____</p> <p>Number of Years Coached: _____ Level: _____</p>	<p><u>Playing Experience:</u></p> <p>List your playing experience with the sport chosen to coach:</p> <p>1) Sport _____</p> <p>Experience _____</p> <p>_____</p> <p>2) Sport _____</p> <p>Experience _____</p> <p>_____</p> <p>3) Sport _____</p> <p>Experience _____</p> <p>_____</p> <hr style="border: 1px solid black;"/> <p><u>Coaching Requirements:</u></p> <p>The following course work is required to coach in Montgomery County Public Schools.</p> <p>1) 2 Credit Course: Prevention and Care of Athletic Injuries, and Fundamentals of Coaching</p> <p>2) Current Certification in CPR/AED</p> <p>➤ The cost of the course is \$45. Applications are available from the local school athletic director, on the web at www.montgomeryschoolsmd.org, or by calling 301-279-3144.</p> <p><i>Have you completed the MCPS course in the Prevention and Care of Athletic Injuries, CPR/AED, and Fundamentals of Coaching?</i></p> <p>_____ Yes _____ No</p> <p>Location of Class _____</p> <p>Date of Class _____</p>
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