

SHERIDAN SCHOOL DISTRICT #3
COACHING APPLICATION

Name: _____ Date: _____

Position applying for: _____

Are you certified with the Professional Teaching Standards Board? Yes or No

If yes, what certifications or endorsements do you have? _____

If no, are you willing to obtain certification? Yes or No

Are you current in First Aid and CPR? Yes or No

Years of Experience _____ If any, please explain _____

What is your coaching philosophy? _____

Why would you like to coach at Arvada-Clearmont? _____

Signature: _____ Date: _____
