



JERSEY SHORE AREA SCHOOL DISTRICT

Coaching Application

Serena Henry, Athletic Director

For which coaching position are you applying? _____

Name: _____ Date: _____

Address: _____

Telephone: (Home) _____ (Work): _____

Have you ever been interviewed at Jersey Shore before: Yes No

If yes, with whom did you interview? _____

Are you currently employed by the Jersey Shore Area School District: Yes No

If yes, current assignment: _____

If no, present employer: _____

Does your work permit you to be at practice by 3:30? Yes No

List Educational training/degrees: _____

What other work experiences have you had which would additionally qualify you for this position?

What contributions do you think you could make to the Jersey Shore Athletic Program, and this particular team?

Would you accept a volunteer position? Yes No

List two references that have intimate knowledge of your ability to perform in the position for which you are applying.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Office Use Only

Clearances: Act 34 Act 151 Act 114 Sudden Cardiac Arrest Certification Concussion Awareness Certification