

**SUTHERLAND SCHOOL ATHLETIC PROGRAM
APPLICATION TO COACH**

Name _____ **Date** _____

Address _____

Phones (h) _____ (wk) _____

Cell _____

Social Security Number _____

**SS # will be blacked out after being sent to Bd. Of Ed. Security
For a background check.**

Sport _____ **Grade Level** _____ **Boys or Girls**

Tell us about your Coaching Experience:

I have read and agree to the Mission Statement and the Guidelines and Responsibility for Coaches. Please see attached guidelines. If selected I will fill out the volunteer form. I also agree to attend a coaches meeting prior to the beginning of the season.

Signature _____

Print Name _____