

# HEAD COACH & ASSISTANT COACH APPLICATION FORM

Joppa-Maple Grove #38  
 911 Joppa North Avenue  
 P.O. Box 10  
 Joppa, IL 62953

- Head Coach  
 Assistant Coach  
 Volunteer Coach

**Please Print All Information Clearly**

Coach's Name: _____	Age:(optional) _____
Address: _____	E-mail Address: _____
City/State: _____	Cell Phone: _____
Zip Code: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____

**Check Program Preference & Level**

Basketball <input type="checkbox"/>	Cheerleading <input type="checkbox"/>	5-6 <input type="checkbox"/>
Baseball <input type="checkbox"/>		7-8 <input type="checkbox"/>
Softball <input type="checkbox"/>		9-12 <input type="checkbox"/>
Volleyball <input type="checkbox"/>		

**Teaching Certification If Applicable** (please attach a copy of your certificate to this application.):

Level: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

**Coaching Experience:**

Organization	Team	Position	From Date to Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Playing Experience:**

**Coaching References:**

_____	_____
Name	Phone
_____	_____
Name	Phone

**Authorization:**

Will you allow a background check by Joppa-Maple Grove #38  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Mail To: Landon Sommer, Principal  
 911 Joppa North Avenue  
 P.O. Box 10  
 Joppa, IL 62953

Questions – Call 618.543.7589  
 516.677.9144 (fax)

e-mail to: lsommer@joppa38.com