

WHITEWATER PUBLIC SCHOOLS

PO Box 46
Whitewater, MT 59544
406-674-5417

~ COACHING APPLICATION ~

Name: _____
Address: _____

Date of Application: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail Address: _____

Coaching Position Being Applied For: _____

Do you have a valid First Aid Card? _____ Do you have a valid CPR Card? _____

Are you certified by the Montana High School Association's Coaches Education Program? _____

Professional Preparation

Institution	Date	Major	Degree

Coaching Experience

School/Organization	Date	Position

Philosophy

Briefly explain your coaching philosophy as it applies to the following.

Value of Athletics: _____

Treatment of Athletes: _____

Sportsmanship: _____

References

Name	Position	Phone Number

Applicant's Signature

Date

** Return this application to Rana Jesson, Activities Director at Whitewater High School **