

COACH APPLICATION FORM



Tiger Sharks, Inc.
Tiger Sharks Swim Team
PO Box 375
Pickerington, OH 43147-0375

Head Coach
 Assistant 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: _____

Certification (please describe & attach a copy if available.):

Coaching: _____ Date Obtained: _____
Concussion Training: _____ Date Obtained: _____
CPR: _____ Date Obtained: _____
Lifeguard: _____ Date Obtained: _____

Have you ever been convicted for any crime involving physical violence or sex related offenses?

No Yes Describe: _____

Have you ever been convicted for a felony?

No Yes Describe: _____

Coaching Experience:

Organization _____ Team _____ From Date to Date _____

Swimming Experience:

Organization _____ Team _____ From Date to Date _____

Coaching References:

Name _____ Phone _____

Name _____ Phone _____

Authorization:

Will you allow a background check by Tiger Sharks, Inc.? Yes No

Signature _____ Date _____

Please Mail To: Tiger Sharks, Inc.
PO BOX 375
Pickerington, OH 43147-0375
e-mail to: tigersharks.us@gmail.com

If you feel there is additional information which is relevant, please attach the information to this application.