



KINGSWAY REGIONAL SCHOOL DISTRICT

Committed to Excellence

Office of Athletics

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Director of Athletics
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Athletic & Student Activities Secretary
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COACH APPLICATION

Head Coach: _____ Assistant Coach: _____ Volunteer Coach: _____

Name: _____ Sport: _____

Address: _____ When Available: _____

City/State/Zip: _____

Phone Number: _____ (home) _____ (cell)

Email: _____

Have you ever applied to or been employed by this district? _____

If so, when and in what capacity? _____

EDUCATION PREPARATION

High School: _____ Location: _____ Graduation Date: _____

College: _____ Location: _____ Graduation Date: _____

Major(s): _____ Minor(s): _____

Other(e.g. First Aid, CPR, etc.): _____

ACTIVITY OR SPORTS PREPARATION

High School: _____

College: _____

COACHING EXPERIENCE

High School: _____

College: _____

Please provide any additional information, which elaborates your skills or knowledge as a candidate:

List any restrictions or conditions of regarding availability to coach:

REFERENCES:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I solemnly swear or affirm that the information provided in this application is true and complete. I am aware that if I have provided any false information, it may be grounds for immediate dismissal, should I be approved.

Signature: _____ Date: _____

