

Four Rivers Community School
2449 SW 4th Ave. Ontario, OR 97914
541.889.3715



COACHING APPLICATION

Name _____

Address _____

Cell phone _____

Email: _____

Age (optional) _____

Are you over the age of 18? Yes No

Sport that you are interested in coaching: _____

Prep School Grades 6-8

Soccer Cross Country Girls' Basketball Boys' Basketball Cheer

Senior Prep School Grades 9-12

Girls' Soccer Boys' Soccer Cross Country
Girls' Basketball Boys' Basketball Cheer

Are you a parent of a child at Four Rivers Community School? Yes No

Do you have family members that attend Four Rivers Community School? Yes No

Names: _____

Coaching Experience: Yes No

Organization	Team	Position	From Date to Date
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Organization	Team	Position	From Date to Date
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Playing Experience: Yes No

Organization	Team	Position	From Date to Date
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Organization	Team	Position	From Date to Date
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Coaching References:

Name	Phone
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Name	Phone
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Do you have any coaching certifications? If so, please list. _____

Do you have a current First Aid/CPR card? Yes No

All coaches will be required to complete a background check.