

CFS Sports Leadership Interest Form Head Coach

Name:
Address:
Telephone:
E-mail:

Check Activity you wish to be head coach for:

- | | |
|--|--|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Junior High Soccer | <input type="checkbox"/> Girls - |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Jr. High |
| <input type="checkbox"/> Junior High Volleyball | <input type="checkbox"/> Varsity |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Boys - |
| <input type="checkbox"/> Track | <input type="checkbox"/> Jr. High |
| | <input type="checkbox"/> Varsity |

CFS member **Yes** **No**
If not, have you signed the CFS Statement of Faith? **Yes** **No**

For the questions below, be as complete as possible. Attached a separate typed page with your answers if you'd prefer.

Describe Related Qualifications, Experience, Background, etc.:

Express your vision or goals in leading this activity for the year:

What do you foresee that might cause hardship in leading the activity?

Is there anyone you would like to request as an assistant leader?

Please list the names & addresses of two people who might give a reference, if needed:

I have read the CFS Athletic Policies and agree to comply and uphold those policies if selected as a coach or leader.

Date: _____ Signature: _____

Return to: Tim O'Byrne, Athletic Director, tfbc@juno.com or 2550 SE Tidewater Dr. Topeka, KS 66605