

**BCS ATHLETIC APPLICATION**

**NAME:** \_\_\_\_\_

First Middle Last

**ADDRESS:** \_\_\_\_\_

Street Apartment #

City State Zip Code

**PHONE: (HOME)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_

**(CELL)** \_\_\_\_\_ **(EMAIL)** \_\_\_\_\_

**EDUCATION:** Years of high school: \_\_\_\_\_ Date of graduation: \_\_\_\_\_ Years of college: \_\_\_\_\_

Name of college: \_\_\_\_\_ Degree obtained: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Graduate School: YES/NO Years of Graduate School or Degree obtained: \_\_\_\_\_

Graduate School attended: \_\_\_\_\_ Major: \_\_\_\_\_

Do you have a coaching certificate: YES NO Are you trained in CPR/First Aid: YES NO

Do you have a PA drivers license: YES NO Are you licensed to drive a school bus: YES NO

**POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

**PREVIOUS EXPERIENCE IN COACHING OR ATHLETICS:**

<u>Location</u>	<u>Level</u>	<u>Sports</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**BETHEL CHRISTIAN SCHOOL STATEMENT OF FAITH**

I have read and am willing to affirm Bethel Christian School's Statement of faith.

[Statement of Faith Link](#)

Yes No

**PERSONAL STATEMENT OF FAITH**

1. In your own words define what the Bible is to you.

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2. Describe your personal relationship with Jesus Christ. How has He impacted you life? Please be as specific as possible.

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3. What church do you attend? Describe your involvement within your church.

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4. Would you feel comfortable praying and leading devotions at practices and before games with your team? How might you conduct team devotions?

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**PERSONAL COACHING PHILOSOPHY**

1. What level (Middle School, JV, Varsity) would you feel most qualified to coach and please explain your answer.

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2. Why do you want to coach at Bethel Christian School?

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**COACHING PHILOSOPHY CONT.**

**3. Who would you recognize as your authority if you were to coach at Bethel Christian?**

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**4. What are your coaching strengths and weaknesses?**

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**5. After reviewing our Athletic Handbook, would you have any difficulty following the guidelines for dealing with behavior problems, missed practices, etc?**

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**6. What would distinguish you from other candidates for coaching this sport?**

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**MISCELLANEOUS INFORMATION**

**1. How comfortable are you with driving your team to sporting events on a school van?**

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**2. Are you willing to get appropriate First Aid training and/or become certified in CPR?**

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**3. Would you be willing to help with a summer program in your particular area of athletics?**

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**REFERENCES**

1. Please give the name and all requested information of your pastor, a church leader or a spiritual mentor that we can contact.

NAME: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Apartment #  
\_\_\_\_\_ City State Zip Code  
\_\_\_\_\_

2. Please give the name and all requested information from someone who has information concerning your character and ability as a coach.

NAME: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Apartment #  
\_\_\_\_\_ City State Zip Code  
\_\_\_\_\_



**FOR OFFICE USE ONLY**

**ATHLETIC DIRECTOR APPROVAL AND COMMENT:**

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**ADMINISTRATIVE APPROVAL AND COMMENT:**

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