

CFS Sports Leadership Interest Form: Assistant Coach

Return to the Athletic Director ad@cfsks.org

Name: _____

Telephone: _____

Address: _____

E-mail: _____

Sport you wish to coach: _____

Are you a CFS member? _____

If not, have you signed the CFS statement of faith form _____

Has the head coach requested that you assist? _____

Have you talked with the head coach? _____

Please list the name of the church you attend _____

Describe Related Qualifications, Experience, Background, etc.:

Express your vision or goals in assisting in this activity:

Please list the names and contact information of two people for a reference: One reference should be a church leader.

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

Date _____

Signature: _____