

## CFS Sports Leadership Interest Form Assistant Coach

Name:  
Address:

Telephone:  
E-mail:

Check activity you wish to be assistant coach for:

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

CFS member?  **Yes**       **No**

If not, have you signed the CFS Statement of faith form?  **Yes**       **No**

Have you been requested by the head coach for assistant?  **Yes**       **No**

Have you visited with the head coach for the sport you wish to assist with?  **Yes**       **No**

Describe Related Qualifications, Experience, Background, etc.:

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

Please list the names, addresses & contact information of two people for a reference:

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