

**DEPEW HIGH SCHOOL
INTERSCHOLASTIC ATHLETIC COACHING APPLICATION**

Please complete this form and e-mail it back to Athletic Office with copies of your CPR/AED/FA certifications.

NAME _____

SOC. SEC. # _____

Acceptable ☐

ADDRESS _____

CELL # _____

Unacceptable ☐

CITY/STATE/ZIP CODE _____

E-MAIL _____

Valid Teaching Certification YES ☐ NO ☐

Physical Education Major YES ☐ NO ☐

Coaching Certification YES ☐ SCHEDULED ☐

American Red Cross First Aid YES ☐ SCHEDULED ☐

Director of Phys. Ed. & Athletics

Certification or equivalent

CPR/AED Certification YES ☐ SCHEDULED ☐

Fundraising In-service YES ☐ SCHEDULED ☐

*All coaches are required to participate in mandatory yearly training
concerning fundraising procedures.*

High School Principal

Approved by the
Depew Board of Education

POSITION APPLYING FOR _____

PRESENT COACHING POSITION(S) _____

EXPERIENCE _____

PRESENT TEACHING POSITION & LOCATION _____