

**DELANO UNION SCHOOL DISTRICT
CERTIFICATED
COACH APPLICATION**

PLEASE ✓ POSITION/S YOU ARE APPLYING FOR:

SCHOOL SITE: _____ **PLEASE BE SPECIFIC:** _____

(Boys, Girls, JV or Varsity)

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Track |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |

NAME, LAST: _____ FIRST: _____ DATE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

CURRENT POSITION: _____ LOCATION: _____

CALIFORNIA CODE OF REGULATIONS TITLE 5 REQUIRES:

Coaching Theory and Technique as Evidenced By.

Please check the box that applies:

- Prior service as an athlete coach or assistant athletic coach in the sport to be coached.

Name of Supervisor: _____ Phone Number: _____ Year: _____

Describe Experience: _____

OR

- Work in community athletic programs in the sport to be coached.

Program: _____ Phone Number: _____ Year: _____

Describe Experience: _____

OR

- Completion of in-service program arranged by a school district or county office of education.

Program: _____ Phone Number: _____ Year: _____

Describe Experience: _____

OR

- Completion of college-level course in coaching theory and techniques

College: _____ Course Title: _____ Instructor: _____ Year: _____

OR

- Participating in organized competitive athletics at high school or above in the sport to be coached.

School: _____ Organization: _____ Year: _____

Describe Experience: _____

Knowledge of Rules and Regulations of the Sport or Game to be Assigned

Yes No

Adolescent Psychology

Please check the box that applies:

Adolescent psychology as it relates to participation in sports, as evidenced by:

Successful completion of a college-level course in adolescent (child) psychology.

College: _____ Course Title: _____ Year: _____

OR

Completion of seminar/workshop on Human Growth and Development of Youth.

Seminar/Workshop Title: _____ Presenter: _____ Year: _____

OR

Prior active involvement with youth in school/community sports program.

Name of Program: _____ Activity: _____ Year: _____

Describe Experience: _____

First Aid and Emergency Procedures

Valid First Aid Card (attach copy) OR course will be completed on: _____

CPR Card (attach copy) Expiration: _____ OR course will be completed on: _____

Reasons you would like to coach intramural games and activities.

SIGNATURE: _____ **DATE:** _____

Selection will be based on experience, training and Board Policy 4127

Return to the H.R. Department

Revised 07/18/19