Bay District Schools
Volunteer Coach Signature Form

School Name: _____

Applicant Name: (Last, First, Middle)					
Address (NO P.O Boxes):					
Phone Number:		Work Number:		Driver's License Number:	
Date of Birth:		Email Address:			
Sport Name:		Coaching Position:			
When are you able to Coach?	Monday (Times):	Tuesday (Times):	Wednesday (Times):	Thursday (Times):	Friday (Times):

Who should be contacted in case of emergency?

Name: _____ Phone: _____

Address:_____ Relationship: _____

FOR ATHLETIC DEPT. ONLY
PLEASE CHECK THE BOX THAT IS APPLICABLE:
WILL THIS APPLICANT BE SEEKING A DOE CERTIFICATION? _____ YES _____ NO
IS THE APPLICANT LISTED ON THE ATHLETIC SPREADSHEET? _____ YES _____ NO

Principal Signature: _____

Athletic Director Signature: _____