

LUCAS LOCAL SCHOOL DISTRICT

COACHING APPLICATION

NAME _

DATE

ADDRESS

PHONE

POSITION APPLYING FOR:

LIST ANY PREVIOUS COACHING EXPERIENCE

- 1.
- 2.
- 3.

COLLEGE ATTENDED (if applicable)

YEARS

COLLEGE SPORTS PARTICIPATION RECORD

Sports

Years

Awards, Letters Earned

- 1.
- 2.
- 3.

OTHER SPORTS PARTICIPATION (recreational)

- 1.
- 2.
- 3.

HIGH SCHOOL ATTENDED

YEARS

HIGH SCHOOL SPORTS PARTICIPATION RECORD

Sports

Years

Awards, Letters Earned

- 1.
- 2.
- 3.
- 4.

IN COMPLIANCE WITH HOUSE BILL 251, ALL COACHES MUST ATTEND A SPORTS MEDICINE SEMINAR AND ALSO HAVE A CURRENT CPR CERTIFICATION.

NEED SPORTS MEDICINE
NEED CPR

HAVE ALREADY SATISFIED THIS REQUIREMENT
DATE
SITE

REFERENCES: (Give name, address, and phone number. Please include any school district certified personnel.)

- 1.
- 2.
- 3.
- 4.
- 5.

Please read and complete the documents from the links below and return to the address below with completed form(s)

<http://www.publicsafety.ohio.gov/links/HLS0037.pdf>

http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf

RETURN TO:

Athletic Director Lucas
84 Lucas North Road
Lucas, OH 44843