Date:	Activity:	School:
Name:		
Address:		
Cell Phone: _		E-mail:
Do you hold a	a Valid Teaching Certific	eation: YES or NO, State:
Do you have	a College degree, if so w	hat type:
Current Empl	oyer:	
Coaching Exp	perience:	
Do you hold a	a Valid West Virginia Co	eaching Certification: YES / NO
Have you con	npleted the WVSSAC Co	paching Courses: YES / NO
Completed Ba	ackground Check: YES	<u>/ NO</u>
Have you ren	ewed your Coaching Cer	tification (required each year): YES / NO
Have you completed the online application for Mon. County Schools: YES / NO		
Head Coach A	Approval Signature:	
Athletic Direc	ctor's Approval Signatur	e:
Principal's A <sub>1</sub>	oproval Signature:	
Authorized C	oach Signature:	