

**CFS Sports Leadership Interest Form: Assistant Coach**

Return to the Athletic Director ad@cfsks.org

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sport you wish to coach: \_\_\_\_\_

Are you a CFS member? \_\_\_\_\_

If not, have you signed the CFS statement of faith form \_\_\_\_\_

Has the head coach requested that you assist? \_\_\_\_\_

Have you talked with the head coach? \_\_\_\_\_

Please list the name of the church you attend \_\_\_\_\_

Describe Related Qualifications, Experience, Background, etc.:

Express your vision or goals in assisting in this activity:

Please list the names and contact information of two people for a reference: One reference should be a church leader.

I have read the CFS Athletic Policies and agree to comply and uphold those policies if selected as a coach or leader.

Date \_\_\_\_\_

Signature: \_\_\_\_\_