

MALTA PUBLIC SCHOOLS

PO Box 670
Malta, MT 59538
406-654-1871

~ COACHING APPLICATION ~

Name: _____ Date of Application: _____
Address: _____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____
_____ E-mail Address: _____

Coaching Position Being Applied For: _____

Do you have a valid First Aid Card? _____ Do you have a valid CPR Card? _____

Are you certified by the Montana High School Association's Coaches Education Program? _____

Professional Preparation

Institution	Date	Major	Degree

Coaching Experience

School/Organization	Date	Position

Philosophy

Briefly explain your coaching philosophy as it applies to the following.

Value of Athletics: _____

Treatment of Athletes: _____

Sportsmanship: _____

References

Name	Position	Phone Number

Applicant's Signature

Date

** Return this application to Scott King, Activities Director at Malta High School **