

Carrollton Community Unit School District #1 Coaching / Sponsor Application

Name: _____ Date of Application: _____

Address: _____

Phone #: (home) _____ (cell) _____ (work) _____

Email Address: _____

Emergency Contact: (name) _____ (phone #) _____
Head Coach/Sponsor

Name of Sport/Activity: _____ Assistant Coach/Sponsor

Level: Middle School High School

Gender: Male Female CoEd

List experience/background with sport/activity in box below:

IHSA/IESA Coaching Requirements
Please check all certifications/licenses.

ISBE Teaching Certificate

ASEP, NFHS, other coaching certification
 List Other Type: _____

Student Teacher

Retired Teacher / Coach

None of the above

Deliver completed application to Head Coach or Building Principal.

Office Use Only:

Head Coach Approval: Yes No n/a

Head Coach Signature: _____ Date: _____

Athletic Director Approval: Yes No

Athletic Director Signature: _____ Date: _____

Administrator Approval: Yes No

Administrator Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Scheduled for Board Approval: _____

BOE Decision: Yes No

Approval Date: _____

Updated: 5/4/2015

Payroll Information

Volunteer Stipend (Amount of Stipend) _____

Date Paid: _____