

# CFS Sports Leadership Interest Form

## Assistant Coach

Name:  
Address:  
Telephone:  
E-mail:

Check Activity you wish to be assistant coach for:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Soccer</b>                 | <input type="checkbox"/> <b>Basketball</b> |
| <input type="checkbox"/> <b>Junior High Soccer</b>     | <input type="checkbox"/> <b>Girls -</b>    |
| <input type="checkbox"/> <b>Volleyball</b>             | <input type="checkbox"/> <b>Jr. High</b>   |
| <input type="checkbox"/> <b>Junior High Volleyball</b> | <input type="checkbox"/> <b>Varsity</b>    |
| <input type="checkbox"/> <b>Cross Country</b>          | <input type="checkbox"/> <b>Boys -</b>     |
| <input type="checkbox"/> <b>Track</b>                  | <input type="checkbox"/> <b>Jr. High</b>   |
|  | <input type="checkbox"/> <b>Varsity</b>    |

CFS member?  **Yes**   
**No**

If not, have you signed the CFS Statement of faith form?  **Yes**   
**No**

Have you been requested by the head coach for assistant?  **Yes**   
**No**

Have you visited with the head coach for the sport you wish to assist with?  **Yes**   
**No**

Specific Position Desired:

Describe Related Qualifications, Experience, Background, etc.:

Express your vision or goals in assisting this activity for the year:

Please list the names, addresses & contact information of two people for a reference:

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

Date: \_\_\_\_\_

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

Return to: Steve Poage, Athletic Committee Chair, 3401 SW Alameda Dr, Topeka KS 66614  
stpoage@att.net - or - return to the coordinator for the sport that you would like to assist.