

## Thompson Falls School District #2

206 Haley Ave. West  
Thompson Falls, MT 59873  
406-827-3323

### ~ 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 Jake Mickelson, Athletic Director at Thompson Falls High School \*\*