Southern Illinois University Edwardsville Department of Campus Recreation Club Sports

COACH/INSTRUCTOR APPLICATION

Date:		Club Sport:				
Name:FIR						
				MIDDLE		
Address:						
	STREET	CITY	ST		ZIP	
Phone: (H)		(W)		_		
Email:						
Years of Experien	ce:					
Qualifications:						
			 			
First Aid / CPR Ce √ We		se circle one) of these for our record	Yes	No		
Other Certification	ns:					

 $\sqrt{}$ Please attach a list of references including information such as job title, phone number, address, and relationship.