(Circle one)		
Paid / Volunteer		

	Coaches Personal	Information		
Name Preferred Title First	Middle/Maiden	Last	Nickname	
Address				
City		State	Zip	
Home Phone No		Alternate Phone No		
E – mail Address Work site				
List A	All Coaching Responsi	ibilities at the School		
School Year: Position:				
Head Varsity		Assistant Varsity		
Head JV		Assistant JV		
Head Middle School		Assistant Middle School		
Sport:				
Football	Cheerleading,		erleading, Bball	
Baseball	Softball		leyball	
<u> </u>	Women's Bas Women's Soc		estling ss Country	
Men's Soccer Men's Tennis	Women's Ten		mming	
Men's Track	Women's Tra		0	
Middle Schools			gh Schools	
C.C. Griffin Middle Hickory Rid	-	Central Cabarrus High	Jay M Robinson High	
Concord Middle Mount Pleas	sant Middle	Concord High	Mount Pleasant High	
H.E. Winkler Middle Northwest Cabarrus Middle Cox Mill High Northwest Cabarrus High				
Harris Road Middle		Hickory Ridge High		
Applicant's Statement				
The undersigned applicant/employee hereby expressly authorizes the Board of Education, its agents, and its employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal law, law enforcement, or traffic records, which may include confirmation by fingerprint identification. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental agency to give to the Board of Education, its members, officers, agents, or its employees, I hereby release the Cabarrus County Board of Education this information. A copy of this consent and release shall be considered as a duplicate original.				
I have carefully read the information contained on the application and certify that the information I have given is correct and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.				
I also agree to abide by the rules and regulations of the NCHSAA and Cabarrus County School System. My behavior shall be beyond reproach at all				
imes. C oaches Signature: Date:				
The following must be completed before coaching in <u>ANY CONTEST</u> : Please initial the following boxes NFHS Fundamentals of Coaching course must be completed and certificate on file at current school.				
The following must be completed before coaching in <u>ANY PRACTICE</u> : Please initial the following boxes				
NFHS Concussion course must be completed and certificate on file at current school.				
Principal / Athletic Director Approval I verify that I have been unable to employ a bona-fide faculty or an instructional staff member of our local education agency for appointment to the needed coaching position below, and further verify that the above named applicant has been informed of the North Carolina High School Athletic Association and the North Carolina State Board of Education Athletic Rules and Regulations, including the Sports Season Regulations.				
I recommend this applicant as a Coach for (Sport):		for the	school year.	
Athletic Director's Signature			Date	
Principal's Signature			Date	
County Athletics Director's Signature:			Approval Date:	

Thank You for Your Interest in Working with Cabarrus County Schools!