Temple Christian Athletic Department Application

Personal Information:			
Position Desired:			
Full Name:			
Address:	City:	State:	_Zip:
Phone Number:	Age:		
High School Education:		Year:	
Post High School Education:		Years:	
Previous Experience in Coaching/Ref	erences:		
Position:	Contact:		
Position:	Contact:		
Position:	Contact:		
Please give a brief testimony of your involvement(s) in your local church?		ce, include you	r current

Do you have children who attend or have attended TCS?	YES	NO
Do you have a current BCI/FBI on file?YES	_ NO	
Do you currently have the Ohio Department of Education certified pupil supervisor certificate? YES NO CURRENTLY PURSUING		
Have you ever been convicted of a crime? YES	NO	
If you indicated yes above please describe the type or crime(by the crime indicated.		
Are you currently a member of a local church? YES _	NO	
If not please indicate the church you attend regularly		
Reason for Interest in this Position:		
Applicants Signature:	D	ate: