

# **Universal School**

## **Department of Athletic and Physical Education**

7350 W 93<sup>rd</sup> St Bridgeview IL 60455 Phone: (708) 5994100 Fax: (708) 599-1588

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### **Application for Volunteer Coaches**

Name .....

Date of birth .....

Address .....

Phone .....

Email .....

When available .....

For which sports you interest to volunteer .....

General health .....

Any serious illness in the last five years ..... if so, explain .....

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### **Educational Preparation**

High School .....

College or University .....

Other, e.g. courses in first aid CPR etc .....

Related experience's (Sports, recreation, coaching, ect.) .....

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Please provide any additional information which elaborate your skills as a volunteer coach

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Signature

..... Date .....

**Don't write in this space – for Administration use only**

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Effective dates: From..... To .....

Approval Date.....

Hanan Abdallah, Principal