## ATHLETIC EXPERIENCE

Organization Name & Address

Specific Nature of Position

Term

		·
	SKILLS	
1. What skills can you provide to the s	port to assist the coach?	
•	•	
2.		
2.		
	REFERENCES	
List three individuals having personal knowled	ge of your professional training, ability, expe	ience, and personal character. Include the name,
address, and telephone number of your supervi		
Name	Position	Address & Telephone
		•

Please return completed application to:

Mike Absolom
Athletic Director
Holland Patent Central School District
9601 Main Street
Holland Patent, NY 13354
Telephone (315) 865-7283
FAX (315) 865-7293

**EQUAL OPPORTUNITY EMPLOYER** 

## Holland Patent Central School District Holland Patent, NY 13354

## **APPLICATION**

	$\boldsymbol{A}$	THLETIC V	<i>OLUNTEE</i>	E <b>R</b>			
	P	ERSONAL IN	FORMATIO	)N			
NameLast Social Security #		Fir	st		M	iddle	
Present Mailing Address (include Zip Code)				Tel	(include Ar	rea Code)	
Permanent Mailing Addre (include Zip Cod	sse)						
Which sport woul	d you like to	volunteer? _					
		<b>EDUC</b> A	ATION				
	Name and Location of School		Nature of Studies		Did You Graduate?		
High School							
Name and Location	on of School	Dates Attended	Nature of S	tudies	Degree	Date Granted	
College (Undergraduate)*							
College (Graduate)*							
Vocational/Technical/Trac	le*						
* Provide copy of transcr	inte						
Trovide copy of transcr	ipis						
		WORK EXP	PERIENCE				
		List most recent					
Dates Employed Employer's		Name & Address	me & Address Specific Nature o		of Position Reason fo Leaving		