



LCS COACH Application Form

Personal Information

Full Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Additional Information

Are you group leader/lead teacher qualified in the state of Colorado? _____

How many years experience do you have working in early childhood education? _____

How many years coaching/sports experience? _____

Do you have a current drivers license? Y/N

Do you own a car? Y/N

Do you agree to complete a background check? Y/N

AVAILABILITY

PLEASE MARK AN 'X' WHERE APPLICABLE.

I am available any day/time except Sunday.

	MORNING	AFTERNOON
MONDAY	<input type="radio"/> 9 AM – 12 PM	<input type="radio"/> 12 PM – 4 PM
TUESDAY	<input type="radio"/> 9 AM – 12 PM	<input type="radio"/> 12 PM – 4 PM
WEDNESDAY	<input type="radio"/> 9 AM – 12 PM	<input type="radio"/> 12 PM – 4 PM
THURSDAY	<input type="radio"/> 9 AM – 12 PM	<input type="radio"/> 12 PM – 4 PM
FRIDAY	<input type="radio"/> 9 AM – 12 PM	<input type="radio"/> 12 PM – 4 PM
SATURDAY	<input type="radio"/> 9 AM – 12 PM	<input type="radio"/> 12 PM – 4 PM