



Viterbo University Sport Clubs
Department of Recreational Sports

COACH / INSTRUCTOR APPLICATION

Date: _____ Sport Club: _____

Name: _____
FIRST LAST MIDDLE

Address: _____
STREET CITY ST ZIP

Daytime Phone: _____ Evening Phone: _____

Email: _____

Years of Experience: _____

Qualifications: _____

Certifications: ☐ CPR ☐ First Aid ☐ AED

Other Certifications: _____

*Provide a copy of certifications for our records.

Please attach a list of three references including information such as job title, phone number, address, and relationship.