



HIGH POINT CHRISTIAN ACADEMY

Coaching Application

NAME _____ DATE _____

ADDRESS _____

PHONE - CELL _____ WORK _____

EMAIL ADDRESS _____

CHURCH PRESENTLY ATTENDING: _____

POSITION APPLYING FOR _____

1. List at least three references, one of which must be a Pastor of the church you are presently attending.

A. Name _____ Phone _____ Relationship _____

B. Name _____ Phone _____ Relationship _____

C. Name _____ Phone _____ Relationship _____

2. Are you a Christian? Explain your salvation experience.

3. Describe your participation in your Church. (i.e., Sunday School, missions, etc.)



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4. Why do you want to coach at a Christian academy?

Why do you want to coach at High Point Christian Academy?

5. What is your philosophy on coaching?

6. Explain your philosophy on winning.

7. Explain your philosophy on making cuts.



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8. How should coaches, players, and fans treat referees or umpires?

9. How would you incorporate Biblical principles into your coaching?

10. How would you handle a player being disrespectful towards you, another player, or an official?

11. How would you handle a disagreement with a parent?

12. Do you currently have a CDL (Commercial Drivers License)? If not, are you willing to get one if you coach here at the Academy?



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13. Who are some people you look up to and why?

14. List previous coaching experiences with dates and where you coached.

15. List any coaching clinics you have been to in the past three years.

Please submit this application along with a resume and attached background release form to
HPCA Athletic Director, Corey Gesell
Email: cgesell@hpcacougars.org
Mail to: HPCA, Athletic Director, 800 Phillips Avenue, High Point, NC 27262

NOTIFICATION AND RELEASE

High Point Christian Academy

Account Manager: Angie Fary

CAC Code: 1G88

The information contained in this application with High Point Christian Academy (hereinafter, "The Company/ Organization") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by the Company/ Organization shall result in The Company/ Organization rejecting my application. I understand and agree that all information furnished in my application and all attachments may be verified by the Company/ Organization or its authorized representative. I hereby authorize all individuals and Agencies named or referred to in my application and any law enforcement Agency to give the Company/ Organization all information relative to such verification and hereby release such individuals, Agencies, and the Company/ Organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by the Company/ Organization that the Company/ Organization may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to: work references, criminal convictions or arrest records if allowed, in order to assist The Company/ Organization in making leasing decisions. I further acknowledge notification by The Company/ Organization that reports may be provided to The Company/ Organization by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge the Company/ Organization, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against the Company/ Organization, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company/ Organization agrees to inform you if a leasing decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect @ 1-810-815-3880 or toll free @ 1-888-723-4263. The Company/ Organization will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT OR TYPE

List all names you have used in the past 7 years including married, maiden, and aliases.

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ - _____ - _____

Maiden Name or "AKA" _____ Dates Used (yr) from _____ to _____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary).

Street _____ From _____ to _____

City, State, Zip, County _____

Street _____ From _____ to _____

City, State, Zip, County _____

Street _____ From _____ to _____

City, State, Zip, County _____

Signature (REQUIRED) _____ Date _____ / _____ / _____

FOR EMPLOYER USE ONLY: Please place a check next to the searches to be conducted.

Contact: Email: Phone: Fax:

- ☐ Social Security Verification
- ☐ Residency History
- ☐ NC Statewide Criminal
- ☐ Nationwide Criminal Database Search (Includes Nationwide Sex Offender Registry)

Please fax completed form to 910-815-3880

*If verifications are ordered, additional information must accompany this release.