

**BALTIMORE COUNTY PUBLIC SCHOOLS  
OFFICE OF ATHLETICS  
Pikesville High School  
COACHING APPLICATION**

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_  
Birthdate / / \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**List in Order of Preference Coaching Position(s) Desired:**

Boys \_\_\_\_\_ 1. \_\_\_\_\_  
Girls \_\_\_\_\_ 2. \_\_\_\_\_  
Either \_\_\_\_\_ 3. \_\_\_\_\_

**Education Background:**

High School \_\_\_\_\_ Years Attended \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

High School \_\_\_\_\_ Years Attended \_\_\_\_\_

High School \_\_\_\_\_ Years Attended \_\_\_\_\_

College \_\_\_\_\_ Years Attended \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Degree(s) \_\_\_\_\_

College \_\_\_\_\_ Years Attended \_\_\_\_\_

College \_\_\_\_\_ Years Attended \_\_\_\_\_

**List Any Post Graduate Schooling:**

College \_\_\_\_\_ Years Attended \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Degree(s) \_\_\_\_\_

College \_\_\_\_\_ Years Attended \_\_\_\_\_

Area of Teacher Certification (if applicable) \_\_\_\_\_

Present Teaching Assignment (if applicable) \_\_\_\_\_

Number of Years Teaching: \_\_\_\_\_ In Current Assignment: \_\_\_\_\_

**Athletic Background:**

- List interscholastic sports participated in as a high school student:
  
- List interscholastic sports participated in as a college student:
  
- List coaching experience, including any championships or honors received:

**Year    Title or Position    School System    Win/Loss Record    Comments**

**Additional Background:**

- What additional athletic experience and/or coursework have you had that would be of value to you as a coach?
  
- Briefly describe your coaching philosophy in interscholastic athletics as it applies to winning, sportsmanship, and discipline.
  
- Have you completed the one credit course required of all coaches by the Maryland State Department of Education on the "Care and Prevention of Athletic Injuries"?  
No \_\_\_\_\_ Yes \_\_\_\_\_ (provide proof)      Registered \_\_\_\_\_  
Date(s) of Participation \_\_\_\_\_      Number of Credits \_\_\_\_\_
- Have you had fingerprinting and a background check done by Baltimore County Public Schools?      No \_\_\_\_\_ Yes \_\_\_\_\_ (provide proof)
- Have you had fingerprinting done by another agency for child care purposes?  
No \_\_\_\_\_ Yes \_\_\_\_\_      Agency Name \_\_\_\_\_

- List two (2) references that can attest to your character and two (2) references that are knowledgeable of your coaching qualifications. Provide letters from each for your file.

<u>Name</u>	<u>Present Address</u>	<u>Telephone</u>	<u>Title</u>	<u>Relation to Your Work</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

My signature below indicates that I have completed this application accurately and truthfully. I understand that misrepresentation of factual information herein is cause for termination as a coach.

\_\_\_\_\_  
Signature

Please return completed application to:

Ted Winner  
Pikesville High School  
7621 Labyrinth Road  
Pikesville Maryland 21208

For information call:

(410) 887-2328