

Application



Track and Field Association of Cape Breton

Track and Field Instructor /Supervisor

Name (PRINT PLEASE) : _____

Address: _____

Postal Code: _____

Phone Number: _____ Email _____

Name of School 2017-18: _____ 2018-19 _____

Program of Studies 2017-18: _____ 2018-19 _____

Achievements in Track and Field:

List Instructor Courses and Date in Track and Field:

List Run Jump Throw Instructor Courses (Dates) :

Track and Field Coaching Experience :

Experience as instructor working with youngsters ages 8-18 :

Valid Drivers License? Yes No Use of vehicle? Yes No

Willing to work flexible hours? _____ Confirmation of Police Background Check