

Northern Community & School Recreation Coordinator Program



Community & School Recreation Coordinator Information

Name: _____ School: _____

Community: _____ Hometown (if different): _____

CSRC since (MM/YYYY): _____ Birthday (DD/MM/YYYY): _____

Office Location: _____ Office Hours: _____

Work Phone: _____ Cell: _____ Home Phone: _____

Fax: _____ Email: _____

Best contact method (please check):

Work Phone: Cellular:
Fax: Home Phone:
Email: Other: _____

CSRC Education Information (please check):

High School: Area of Study: _____ Do you have a degree or diploma? (circle)
Post Secondary: Sport(s): _____
Coaching Certification:

Other Certification (HIGH FIVE, Play Leadership, Take the Lead, First Aid, etc.):

What strengths do you bring to this job?

What are your career goals?

What do you enjoy most about working as a CSRC?

I give permission for the Northern Sport, Culture & Recreation District to use this information along with my photograph, in promotional and communication material. I give permission for use of my contact information (phone, cell, email) for use of information sharing relevant to my work as a CSRC.

Signature _____

Date _____

Funded by:

