



P.O. Box 608
Clovis, NM 88102

Clovis Christian Schools



MAIN CAMPUS
PK-12
2000 Humphrey Road
575-935-2279
FAX: 935-2281
www.clovis eagles.com

CCS COACHING STAFF APPLICATION

Any paid or volunteer individual working with a Clovis Christian Schools team or activity must be under contract and supervision of the school and satisfy all NMAA requirements associated with that person's role. All coaches, volunteer coaches, sponsors, and advisors must be licensed.

Personal Information:

Position applying for:

Name: _____
(last) (first) (middle)

Address: _____
(street/PO box) (city and state) (zip)

Home Phone: _____ Cell Phone: _____ Email Address: _____

General State of Health: _____ Any Recent Illness: _____

If so, Explain:

Have you ever been arrested or convicted for any criminal act? _____

If so, please explain:

Professional Qualifications (If provided in a RESUME, please indicate in first space below):

Coaching Experience:

Place	Title/Responsibilities	From	To

Other Related Work Experience:

Place	Title/Responsibilities	From	To

Do you have a current NMAA Coach's License?

No Yes Please Provide a Copy of Your Current License

Do you currently hold a CPR or First Aid Certification?

No Yes Please Provide a Copy of Your Current Certificate

Do you attend church Regularly Frequently Occasionally Seldom

Of what church are you a member? _____

Pastor's Name _____ Address: _____

When did you accept Christ as your personal Lord and Savior? _____

Briefly define your belief regarding the Bible to be the inspired and infallible Word of God, our final authority in all matters of faith, conduct, and life.

Provide your definition of a Christian.

Give a brief account of your Christian experience. Attach a separate sheet of paper, if needed:

Why would you like to work at Clovis Christian Schools?

References:

List below references who can testify to your character. One reference must be your Pastor. All names must have an accompanying address and phone number.

1. Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

2. Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

3. Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Could you wholeheartedly support and defend our Statement of Faith? _____

Signature: _____ Date: _____

Statement of Faith

We believe that the Bible, inclusive of Old and New Testaments, is the inspired Word of God. It is the only rule in matters of faith and practice. We believe in Creation and that man was created in the image and likeness of God. We believe that Adam and Eve yielded to the temptation of Satan and became fallen creatures. We also believe that all men are born with the need of a Savior. We believe in the Incarnation, the Virgin Birth, and the Deity of our Lord and Savior. We believe in His substitutional atonement for the sins of mankind by the shedding of His blood on the cross. We believe in the resurrection of his body from the tomb, His ascension into heaven, and that He sits at the right hand of the Father and is now our advocate. We believe that He will personally come again. We believe in His power to save men from sin. We believe in the power of the Holy Spirit. We believe that salvation is by grace through faith in the atoning blood of our Lord and Savior, Jesus Christ. We believe that God is almighty and deserves our praise and worship. The method used to worship God is not as important as the fact that we do worship Him. We are created for the pleasure of God and to fulfill His purpose.

We believe that this Statement of Faith is a basis for Christian fellowship and that all Christian men and women who sincerely accept it can and should live together in peace and harmony through promoting the cause of Jesus Christ.