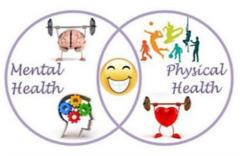
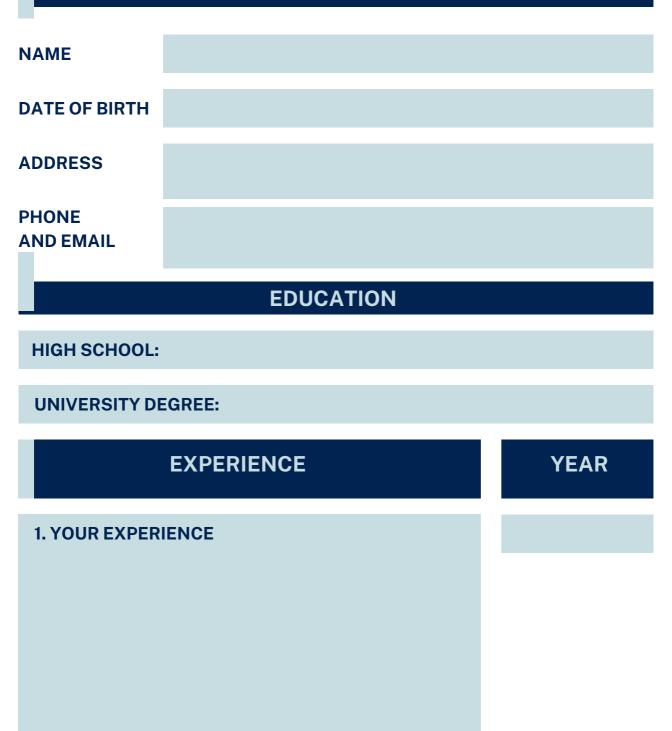


## COACHING



## **PERSONAL INFORMATION**







## **2. YOUR EXPERIENCE**

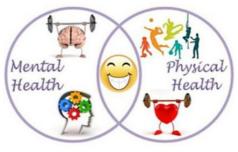
## **3. YOUR EXPERIENCE**

PERSONAL REFERENCE EMAIL CELL ORGANIZATION OR BUSINESS

PERSONAL REFERENCE EMAIL CELL ORGANIZATION OR BUSINESS







PROFESSIONAL REFERENCE EMAIL CELL ORGANIZATION OR BUSINESS

PROFESSIONAL REFERENCE EMAIL CELL ORGANIZATION OR BUSINESS

**EXPLAIN WHY YOU ENJOY COACHING** 

TELL US ABOUT YOUR EXPERIENCES AND SUCCESS COACHING PEOPLE WITH COGNITIVE DIFFERENCES, SPECIAL NEEDS, OR SENIORS WITH MOBILITY AND MENTAL HEALTH ISSUES.



ARE YOU PHYSICALLY ABLE TO COACH ALL FIVE ACTION ACTIVITIES?								
YES		NO						
		]						

PLEASE ATTACH CURRENT CPR CERTIFICATION TO THIS APPLICATION SUBISSION.

DO YOU HAVE PERSONAL LIABILITY INSURANCE UP TO \$1 MILLION COVERAGE? PLEASE ATTACH DOCUMENTED PROOF FROM YOUR INSURANCE PROVIDER WHEN SUBMITTING THIS APPLICATION

If accepted to attend and participate in the RevItUP123! Coaching Certification Course, I am able to attend all Coaching practices necessary to fulfill the course requirements.

I will abide by all Safety Regulations, Ethics, and Best Coaching Practices.

I will Hold Harmless RevItUp123,Inc, and all persons, entities, facilities and/or associations of as non-liable for any injury, accident, or any outcomes listed in the full agreement that I promise to sign prior to participating in the Certified Coaching Course.



I certify that all answers given herin are true and complete to the best of my knowledge. I agree to complete a Background Check. I authorize investigation off all statements contained in this application for employment as may be necessary in arriving at an employment decision.



ARE YOU PHYSICALLY ABLE TO COACH ALL FIVE ACTION ACTIVITIES?								
YES		NO						
		]						

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