

**Career Opportunity ACHievement (COACH)
Fall 2025 Program Application**

Applicant Information

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Home Cell Email: _____

Parent/Legal Guardian Contact Information

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Home Cell Email: _____

Education History *(list most recent first)*

1) Name of School: _____

Dates Attended: _____ Completed: Yes No

2) Name of School: _____

Dates Attended: _____ Completed: Yes No

Employment/Volunteer History *(list most recent first)*

1) Employer Name: _____

Describe Major Responsibilities:

Reason for Leaving: _____

2) Employer Name: _____

Describe Major Responsibilities:

Reason for Leaving: _____

COACH Fall 2025 Program Application *(continued)*

Are you a client of the Department of Rehabilitation Services (DRS)? Yes No

If so, who is your DRS counselor? _____

Personal Goals

Why are you interested in COACH?

What do you want to do after COACH?

Self-Evaluation Inventory

Please rate yourself for each statement to the best of your ability. Read each statement carefully and be honest.

	Never	Rarely	Sometimes	Often	Always
I understand what I read.					
I communicate well in writing.					
I can communicate ideas well when speaking.					
I can buy things on my own.					
I have worked a part-time job.					
I have done volunteer work.					
I ask for help with tasks when I don't understand.					
I can get where I want to go on my own.					
I arrive to work/school on time.					
I put effort into my work.					
I am motivated to complete work well.					
I know my strengths.					
I know my weaknesses.					