

Warriors



COACHING APPLICATION

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OCCUPATION: _____

HOME ADDRESS: _____

HOW MANY YEARS AT THIS ADDRESS: _____ EMAIL: _____

Driver's License #(REQUIRED): _____ DOB(REQUIRED): _____

SPORT: () Baseball () Football () Basketball () Softball () Volleyball () Lacrosse

REQUEST TO BE: () HEAD COACH () ASSISTANT COACH

AGE OR GRADE OF TEAM: _____

COACHING EXPERIENCE AND HISTORY:

Have you ever coached within the Warriors youth sports programs:

() YES () NO If yes, which Programs: _____

Head Coach Experience: () Yes () No How many years: _____ Sport: _____

Asst. Coach Experience: () Yes () No How many years: _____ Sport: _____

High School Coaching Experience: () Yes () No What School _____

Please give us 3 names and numbers of people that have witnessed you coaching:

1) _____

2) _____

3) _____

What coaching certificates do you hold? _____

What clinics have you completed? _____

Have you ever been convicted of a felony? _____

Have you ever been charged with a sexual-related offense? _____

Have you ever been charged with a child abuse related offense? _____

By placing my signature on this page I hereby give Warriors Youth Sports my permission to conduct a background check. I understand that the results of this background check may influence my ability to coach within this program.

Signature: _____ Date: _____