City of West Fork

Parks and Recreation Youth Sports

Coaching Application

**COACHING POSITION REQUEST**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PH#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALT PH#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_

WHAT SPORT ARE YOU INTERESTED IN? FOOTBALL \_\_\_ CHEER \_\_\_ BASEBALL \_\_\_ SOFTBALL \_\_\_

WHAT POSITION ARE YOU INTERESTED IN? HEAD COACH \_\_\_\_ ASST COACH \_\_\_\_ AGE/GRADE\_\_\_\_\_

**COACHING / TRAINING BACKGROUND**

DO YOU HAVE A CURRENT: FIRST AID CARD- YES / NO CPR CARD – YES / NO AED CARD - YES / NO

PLEASE RATE YOUR KNOWLEDGE OF THE FOLLOWING TOPICS WITH REGARD TO THE SPORT YOU ARE

INTERESTED IN, BY CIRCLING THE APPROPRIATE NUMBER.

**1** = Know very little about **2** = Have reasonably good knowledge about **3** = Know a great deal about

Rules of the sport - **1 2 3** Basic technique - **1 2 3** Advanced technique - **1 2 3**

Developing sportsmanship - **1 2 3** Organizing a practice - **1 2 3** Organizing a game - **1 2 3**

Strategy of the sport - **1 2 3** Conditioning techniques - **1 2 3** Equipment knowledge - **1 2 3**

Injury prevention - **1 2 3** Athletic nutrition - **1 2 3** Motivating youngsters - **1 2 3**

General teaching skills - **1 2 3** Communication skills - **1 2 3** Working with parents - **1 2 3**

HAVE YOU EVER COACHED YOUTH SPORTS BEFORE? YES / NO

IF YES, PLEASE LIST YOUR PRIOR COACHING EXPERIENCES; INCLUDE SPORT, NAME OF

ORGANIZATION, TEAM NAME, COACHING POSITION HELD, DATES OF “SERVICE”, and AGE GROUP OF

THE PARTICIPANTS THAT YOU COACHED:

1. Sport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name: \_\_\_\_\_\_\_\_\_\_\_

Coaching Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Service: \_\_\_\_\_\_\_\_\_\_\_ Age of Participants: \_\_\_\_\_\_

2. Sport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name: \_\_\_\_\_\_\_\_\_\_\_

Coaching Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Service: \_\_\_\_\_\_\_\_\_\_\_ Age of Participants: \_\_\_\_\_\_

3. Sport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name: \_\_\_\_\_\_\_\_\_\_\_

Coaching Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Service: \_\_\_\_\_\_\_\_\_\_\_ Age of Participants: \_\_\_\_\_\_

WHY DO YOU WANT TO COACH? (if not enough room, use back of application)

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HAVE YOU EVER PLAYED THE SPORT YOU ARE APPLYING TO COACH? YES / NO

WHEN and WHERE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION**

WOULD YOU BE WILLING TO ATTEND A PRESEASON COACHES MEETING? YES / NO

WOULD YOU BE WILLING TO ATTEND A MEETING(S) CALLED BY THE DIRECTOR? YES / NO

DO (WILL) ANY OF YOUR CHILDREN PARTICIPATE ON A TEAM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILDREN’S NAMES/AGES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS YOUR WORK SCHEDULE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU USE TOBACCO PRODUCTS, CAN YOU ABSTAIN FROM USING THESE PRODUCTS WHILE IN CONTACT WITH YOUR TEAM? YES / NO

**REFERENCES**

PLEASE LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF TWO PERSONS WHO KNOW YOU

SUFFICIENTLY WELL TO COMMENT ON YOUR PAST COACHING OR YOUR POTENTIAL AS A COACH.

**NAME DAY TELEPHONE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BACKGROUND VERIFICATION**

The City of West Fork Pee Wee Sports Program requires a criminal background check. Checks are initiated prior to your appointment and may be conducted at any time during your appointment. We are not anticipating any problems, but we are committed to maintaining a quality and safe environment for all participants. Please supply ALL requested information. I understand that my signature below authorizes the results of my background check to be provided to the West Fork Parks and Recreation Commission. All applications and results will remain confidential.

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER NAMES USED (nicknames, maiden name, etc.): \_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO IF YES, PLEASE EXPLAIN BELOW

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SIGNATURE DATE