

City of Elkins
Parks and Recreation Youth Sports
Coaching Application

COACHING POSITION REQUEST

NAME: _____ PHONE# _____ ALT PHONE# _____

STREET ADDRESS: _____ CITY _____ ZIP _____

WHAT SPORT & AGE ARE YOU INTERESTED IN? BASEBALL ___ AGE _____ SOFTBALL ___ AGE _____

WHAT POSITION ARE YOU INTERESTED IN? HEAD COACH ___ ASST COACH _____

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 REGARDING 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)

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 COORDINATOR? 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

BACKGROUND VERIFICATION

The City of Elkins is committed to maintaining, and providing a quality and safe environment for all participants in the Elkins Summer Ball League program. Arkansas State Police background checks will be required for all approved applicants.