

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 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)

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

BACKGROUND VERIFICATION

The City of Elkins 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 Elkins Parks and Recreation Coaches Selection Committee. 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

SIGNATURE

_____, 20____
DATE