

COACHING APPLICATION FORM

Name: _____

Address: _____

Telephone: Home: _____ Cell: _____ Business: _____

1. Children participating in H.Y.B.A.:

a. Name: _____ Age: _____

b. Name: _____ Age: _____

c. Name: _____ Age: _____

2. Level and position you want to coach. (Circle Head or Assist)

Head Assist Tee Ball 5-6 yr.

Head Assist Teener 13 yr.

Head Assist Instructional 6-7 yr.

Head Assist Jr. Teener 14 yr.

Head Assist Junior 7-8 yr.

Head Assist Sr. Teener 15-17 yr.

Head Assist Minor 9-10 yr.

Head Assist American Legion

Head Assist Major 11-12 yr.

COACHING BACKGROUND

1. Have you *played* baseball? Yes _____ No _____

Highest level: (H.S., College) _____

2. Have you *coached* baseball before? Yes _____ No _____

Number of years: _____ Where: _____ What level: _____

3. What other sports have you coached?

Sport	Sponsoring Agency	Level	Years Coached
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Have you any formal training as a coach? Yes _____ No _____

If yes, please describe (for example, PE degree, coaching courses, clinics, etc.)

5. Please list the name, address, and telephone number (if available) of two persons who know you sufficiently well to comment on your past coaching or your potential to coach.

Name	Address	Phone
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_____	_____	_____
_____	_____	_____