

**YOUTH SPORT
VOLUNTEER COACH APPLICATION**

Personal Information:

Head Coach

Assistant Coach

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

E-Mail Address: _____ Birth Date: _____

Driver's License #: _____

(Required: For the safety and well being of our youth, all coaches will be subject to a criminal background check.)

Coaching Information:

Sport you wish to coach: Basketball Football

I would like to coach with: 1 _____ 2 _____

Grade/Age Level you wish to coach: _____

Your Child's Name: _____ Age/Grade Level: _____

Sports you have participated in: Basketball Football Soccer Baseball/Softball

Sports you have coached: Basketball Football Soccer Baseball/Softball

Age Level: _____ Location: _____

Formal Coaches Training you have experienced:

Name of Program: _____
 Type of Training: _____
 Location & Year: _____

Knowledge of the Sport:

Please rate your knowledge of the following topics with regard to the sport you wish to coach.

1 - Know very little about it 2 - Have good knowledge about it 3 - Know a great deal

Basic Technique:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Advanced Technique:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Rules of the Sport:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Strategy of the Sport:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Organizing a Practice:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Warm-up Techniques:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Working with Parents:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	CPR:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Physical Conditioning:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	First Aid:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sportsmanship:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	AED:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Are you currently certified in First Aid & CPR?: Yes No

Have you ever been convicted as an adult of any felony or misdemeanor violations of law (including all traffic violations, underage drinking, speeding, ordinance violations)? Yes No
 (Please circle one)

Pursuant to YMCA policy, convictions for violations of law will not be an automatic bar to volunteer service and will only be considered as it relates to specific jobs.

If you have checked yes above, list all:

Date & Place	Nature of Ordinance	Disposition
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I authorize the Eau Claire YMCA to conduct a complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the Eau Claire YMCA organization. I hereby release the city, it's board members, it's employees and it's agents, as well as all providers of information from any liability related to furnishing and receiving information related to arrests and convictions.

Signature

Date