

COACHING APPLICATION FORM

Name _____ SSN: _____
(required for Little League background check)

Address _____

Telephone: Home _____ Business _____

1. Name of children participating in H.Y.B.A.:

a. _____ Age _____

b. _____ Age _____

c. _____ Age _____

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

Head Assist Instructional 6-7 yr.

Head Assist Teener 13 yr.

Head Assist Junior 7-8 yr.

Head Assist Teener 14-15 yr.

Head Assist Minor 9-10 yr.

Head Assist Legion/Sr. Teener 16-18 yr.

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
