

MADISONVILLE YOUTH BOOSTERS
COACH'S APPLICATION

Please Print:

FIRST NAME: _____ LAST NAME: _____
DATE OF BIRTH: _____ DRIVER'S LICENSE NO: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
FAX NO: _____ CELL PHONE: _____
EMAIL: _____

SPORT APPLYING TO COACH (please circle):

BASEBALL FOOTBALL BASKETBALL
SOFTBALL CHEERLEADING VOLLEYBALL

SEASON (please circle):

SPRING SUMMER FALL WINTER
YEAR _____

POSITION APPLYING FOR:

HEAD COACH: _____ ASST. COACH _____ AGE GROUP DIRECTOR _____

AGE GROUP APPLYING TO COACH: _____

CHILD'S NAME OR N/A _____

OF YEARS COACHING YOUTH THIS SPORT: _____ AGES COACHED: _____

OTHER YOUTH SPORTS COACHED & NUMBER OF YEARS: _____

COACHING CLINICS ATTENDED AND YEAR ATTENDED: _____

PAST AGE GROUP COACH? _____

OTHER COACHING QUALIFICATIONS _____

Have you lived at your present address for the past 5 years? _____ If no, please list previous address _____

Have you ever been arrested for any of the following offenses (please circle yes or no)?

Murder	Yes	No	Child Pornography	Yes	No
Rape	Yes	No	Kidnapping or abduction of a child	Yes	No
Child Abuse	Yes	No	Distribution of a controlled substance	Yes	No

Any sexual offenses involving a teen, non-consenting adult, or person who is mentally defective, mentally incapacitated or physically helpless? Yes No

Have you been convicted of any other felonies? _____

If you answered yes to any of these questions, please explain: _____

Coaches serve at the pleasure of the Coquille Parks and Recreation and Madisonville Youth Boosters. Coaching is a privilege and I may be relieved of this privilege with or without cause. By my signature below I agree to abide by all guidelines, policies and rules set forth by the Madisonville Youth Boosters Organization.

Signature _____

Date _____