

# COACH APPLICATION



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Current Association/Club Name: \_\_\_\_\_

## TEAM SELECTION

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ (Category  
i.e. Girls/Boys U-10, U-11, U-12, U-13, U-14, U-15, U-16, U-17, U-18)

If these choices are not available, would you accept a different position?

Yes \_\_\_\_\_ No \_\_\_\_\_

NATIONAL/STATE COACHING CERTIFICATION (Please fill out applicable areas)

Level E ( ) Year Attained: \_\_\_\_\_

Level D ( ) Year Attained: \_\_\_\_\_

Level C ( ) Year Attained: \_\_\_\_\_

Other ( ) Year Attained: \_\_\_\_\_ Name of certification: \_\_\_\_\_

Do you have your Risk Management (RMA) from WSYSA? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please indicate number \_\_\_\_\_ and Expiration Date: \_\_\_\_\_

Do you have CPR training? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have First Aid training? Yes \_\_\_\_\_ No \_\_\_\_\_

# COACH APPLICATION

(Continued)

What is your coaching philosophy (attached sheet if necessary):

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Please list your coaching and/or playing experience.

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Please provide three references (ie player 12 & over, parent, professional)

Name	Address	Phone
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For consideration, please complete and email application with a copy of coaching certification(s) and a copy of your Risk Management Card to: **president@spokanescotties.com**