

Wabash Valley Girls Softball League Coaching Application 2012

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Email: _____

Employer: _____

Date of Birth: _____

I would like to: Head Coach Asst Coach

Division: T-Ball 8&U 10&U 12&U 14&U

Specify: League All-Star Both

I have previous coaching experience with WVGSL? Yes No

If yes, when and which division(s)? _____

Is/Are your child/ren playing at WVGSL? Yes No

Name and division of child/ren: _____

Sports you have Coached	Head Coach or Asst	Dates/Yrs	Location and/or Organization
_____	<input type="checkbox"/> Head <input type="checkbox"/> 1st Asst <input type="checkbox"/> 2nd Asst	_____	_____
_____	<input type="checkbox"/> Head <input type="checkbox"/> 1st Asst <input type="checkbox"/> 2nd Asst	_____	_____
_____	<input type="checkbox"/> Head <input type="checkbox"/> 1st Asst <input type="checkbox"/> 2nd Asst	_____	_____

References: List below the names of three unrelated people, whom you have known for at least one year of your coaching experience.

Name	Address	Phone	Yrs known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What three things, in your opinion, constitute a good coach?

1. _____
2. _____
3. _____

I understand that applying for a coaching position, I may be subject to a background check and my references may be contacted. I also understand that it is mandatory that all Head Coaches and 1st Assistant Coaches attend at least one (1) coaching clinic at the park as well as one (1) park work day.

Signature: _____

Date: _____

*This form is to be completed by each Head Coach, 1st Asst, and 2nd Asst.