

BCSFYAO Coach Application

Date: _____

<input type="radio"/> League only	<input type="radio"/> Open Only	<input type="radio"/> League & Open
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PERSONAL INFORMATION

Name			
Address		Phone::	()
City, Zip		Cell Number:	()
Birthdate		Driver License #	
E-mail Address:			
Emergency Contact Name			
	Phone (s)	()	
Do you have a child in the organization? If yes, which team?			
Age Level Preferred		Preferred Gender	<input type="checkbox"/> Girls <input type="checkbox"/> Boys <input type="checkbox"/> Either

EXPERIENCE

Have you ever coached before? If so, when and with what organization, team, grade level and gender.

Skills and Qualifications: Licenses, Skills Training, Awards: z

First Aid certified Expiration Date _____

CPR certified E xpiration Date _____

PCA Certified Expiration Date _____

_____ Other_

_____ Other_

_____ Other_

_____ Other_

REFERENCES

Name	Phone	Organization/Title
	()	
	()	
	()	

LEGAL HISTORY

In the last seven (7) years, have you had any license, certificate, student status, or employment suspended, revoked, terminated, or otherwise adversely affected? If yes, include a full description with dates and circumstances in the comments section below.

Have you ever been convicted of a felony or misdemeanor? If yes, include a full description with dates and circumstances in the comments section below.

Are there any criminal charges currently pending against you? If yes, include a full description with dates and circumstances in the comments section below.

Has your name ever appeared on a sex offender registry? If yes, include a full description with dates and circumstances in the comments section below.

Have you ever been arrested, charged with, plead guilty, plead no contest, or had adjudication withheld on any crime except minor traffic offenses? If yes, include a full description with dates and circumstances in the comments section below.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for immediate resignation from the BCSFYAO at any point in the future.

I understand I will be required to be fingerprinted as part of the BCSFYAO each application. You will be required to go to an approved Live-Scan facility for fingerprinting. . Q

I authorize the verification of any information listed above.

Signature _____

Date _____