

Volunteer Coach Application

(You must be 18 or older to be a volunteer coach)

Each coach must fill out
a new application for
each season.

Name: _____

Date: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Daytime Phone: Home Cell Work

Birth date: _____

Email address: _____

Check which sport your child will play this season:

Basketball Baseball Football Softball Soccer Volleyball Wrestling
Child's Name: _____ League: _____

Indicate which area you would like to coach in:

Brooklet Nevils Portal Statesboro Stilson

BASEBALL/SOFTBALL

March-June

Which group would you like to coach?

Please list 1st, 2nd, 3rd choices:

- T-Ball (ages 5-6)
- Rookie (ages 6-7)
- Tiny Mite Boys (ages 7-8)
- Tiny Mite Girls (ages 7-9)
- Minor Boys (ages 9-10)
- Midget Boys (ages 11-12)
- Midget Girls (ages 10-12)
- Junior Boys (ages 13-14)
- Junior Girls (ages 13-14)
- Senior/Major Boys (ages 15-18)
- Senior/Major Girls (ages 15-18)

SOCCER

Indicate which season you are applying for:

- Spring (February- April)
- Fall (August- October)

Which group would you like to coach?

- U-6 (ages 4-5)
- U-8 (ages 6-7)
- U-10 (ages 8-9)
- U-12 (ages 10-11)
- U-14 (ages 12-13)
- U-16 (ages 14-16)
- U-18 (ages 16-18)

FOOTBALL

August-October

Which group would you like to coach?

Please list 1st, 2nd, and 3rd choices:

- Pee Wee Flag (ages 5-6)
- Tiny Mite Flag (ages 7-8)
- Minor Tackle (ages 9-10)
- Midget Tackle (ages 11-15)

BASKETBALL

November-February

Which group would you like to coach?

Please list 1st, 2nd, 3rd choices:

- Short Stuffs (ages 5-6)
- Tiny Mite Boys (ages 7-8)
- Tiny Minor Girls (ages 7-9)
- Minor Boys (ages 9-10)
- Midget Boys (ages 11-12)
- Midget Girls (ages 10-12)
- Junior Boys (ages 13-14)
- Junior Girls (ages 13-14)
- Senior/Major Boys (ages 15-18)
- Senior/Major Girls (ages 15-18)

Volleyball

August-October

Which group would you like to coach?

- Flea (ages 7-8)
- Mite (ages 9-10)
- Midget (ages 11-12)

Wrestling

November- February

Wrestling

Application only valid for the current season.

**ALL COACHES MUST BE CERTIFIED
ATTENDANCE AT CLINICS/RULES MEETINGS IS REQUIRED**

Please list requests for assistant coaches: Name/Phone Number

- 1) _____
- 2) _____

Please check which sports you have participated in:

Football Basketball Softball Baseball Track Soccer Volleyball Wrestling

Have you worked with 5-18 year old children before? YES NO

If so, where and in what capacity? _____

Are you *currently* certified by the National Youth Sports Coaches Association (NYSCA) or Doyle Baseball (for Baseball and Softball only)?

YES NO If so, please list your certification number: _____

List 2 references who know about your playing or coaching experiences:

NAME	PHONE

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No

If yes, please explain. _____

I, the undersigned, understand that as a coach of a youth sports league that I will be expected to follow all the rules and regulations as set forth by the Statesboro-Bulloch Parks & Recreation Department. I also understand that a failure to comply with all the rules can result with my termination as a volunteer coach.

Signed: _____ Date: _____

Please return to:
SBCPRD
Attn: Shelley Salter
P.O. Box 408
Statesboro, GA 30459
FAX: 912-764-2425