



**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **YMCA VOLUNTEER COACH APPLICATION**

Position you are applying for (Circle one):            Head Coach            Assistant Coach

Are you 18 years or older? \_\_\_Yes \_\_\_No

Sport you are volunteering for: Soccer    Volleyball    Basketball    Itty Bitty Sports

If you have a child or children participating in sports programs, please list their names:

Grade Level(s) (Circle all that apply):    PK    K    1    2    4    5    6    7    8

Have you coached this sport before?: \_\_\_Yes \_\_\_No    Years of coaching experience: \_\_\_\_\_

## **COACHING EXPERIENCE**

Why do you want to coach? (Please be specific):

What sports have you played? (Please list sport(s) and number of years played):

Have you ever coached at a YMCA or other organizations? (Please list sport and location coached):

Have you had any formal training as a coach? \_\_\_Yes \_\_\_No

If yes please describe: \_\_\_\_\_

Describe any informal training you have had that has helped you coach:

Do you have any medical conditions that may affect your ability to coach? \_\_\_Yes \_\_\_No

Please rate your knowledge of the following topics with regard to this sport by circling the appropriate level:

1= You know very little. 2= You have reasonable knowledge. 3= You are knowledgeable & skilled in the sport.

- |  |   |
|--|---|
| 1 2 3 Skills and strategies of the sport | 1 2 3 Equipment needs & specifications            |
| 1 2 3 Developing sportsmanship           | 1 2 3 Working with parents                        |
| 1 2 3 Rules of the sport                 | 1 2 3 Injury prevention & treatment               |
| 1 2 3 Communication                      | 1 2 3 Principles for teaching sport skill         |
| 1 2 3 Organizing practices               | 1 2 3 Warm-up & physical conditioning techniques  |
| 1 2 3 Managing time                      | 1 2 3 Conducting character development activities |



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**PERSONAL INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you authorized to work in the U.S.?  Yes  No SSN# \_\_\_\_\_

Drivers License# \_\_\_\_\_

Have you ever plead guilty to, or been convicted of a criminal offense?  Yes  No

If yes, give dates and circumstance: \_\_\_\_\_

**EMPLOYMENT**

Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PERSONAL REFERENCES**

List 4 personal references, of which one is a relative. These can't be previous employers.

Name	Address	Phone	Occupation/Relation	Years Known

**PLEASE READ CAREFULLY BEFORE SIGNING.**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA with any relevant information and references that may be required to arrive at an employment decision and hereby release said entities from any and all liability. I understand that the misrepresentation or omission of a material fact on my application may be justification for refusal of employment. In the event I am employed, I agree to comply with all rules, regulation, and guidelines as set forth in the YMCA's policy manual or other communications distributed to employees. I authorize the YMCA to supply my employment record, in whole, or in part, and in confidence to any prospective employer, government agency, or other party, with a legal and proper interest. I understand that completion of this form does not guarantee me status as an applicant or any consideration of employment unless I meet all minimum qualifications required of the position for which I am asking to be considered and until all necessary reference, driving, and criminal history checks have been completed as necessary. I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE AS A CONDITION OF MY EMPLOYMENT.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_