

## WJAA Coach Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### **Education and Occupation:**

High School Name: \_\_\_\_\_  
College Name: \_\_\_\_\_ Other: \_\_\_\_\_  
Occupation (title, company): \_\_\_\_\_

### **Coaching:**

Sport you wish to coach: \_\_\_\_\_  
Preferred age group: \_\_\_\_\_  
Position Desired: \_\_\_\_\_ Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_  
Name of person you wish to coach with: \_\_\_\_\_ (He/she must also complete this form.)  
Your reason for applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Previous Experience:**

Instructional Leadership of Children (explain): \_\_\_\_\_  
\_\_\_\_\_

### **Coaching Education:**

Please check all that apply and explain.

Courses: \_\_\_\_\_ Clinics: \_\_\_\_\_ Books: \_\_\_\_\_ Videos: \_\_\_\_\_  
Other: \_\_\_\_\_  
(explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Previous coaching experience:**

Sport	Years	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certifications (coaching): \_\_\_\_\_  
\_\_\_\_\_

CPR Certified: \_\_\_\_\_ Expires: \_\_\_\_\_ First Aid Certified: \_\_\_\_\_ Expires: \_\_\_\_\_  
Concussion Certified: \_\_\_\_\_ Expires: \_\_\_\_\_

### **References:**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I have carefully read the WJAA Youth Sports Programs Coaching Contract and Applicant Guidelines.

\_\_\_\_\_ I understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a coach.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_