CHILD&YOUTH SERVICES
SPORTS

JBLM VOLUNTEER COACH APPLICATION – PART I

NAME: _____

FULL ADDRESS: _____

PHONE: (CELL) _____ (2ND CELL) _____ (W) _____

E-MAIL: _____

What sport(s) are you applying to coach for? _____

Would you like to be the head coach or assistant coach? _____

Have you coached for CYS within the past year? YES NO

If so, what sport did you last coach? _____

Do you have a current First-Aid/CPR card? CLS? EMT? YES (please provide copy) ___ NO___

Have you received a NAYS training certificate? YES___ NO___

If your application is accepted, you will be required to attend miscellaneous clinics, meetings, and trainings. (IE: NAYS Cert. Training, Child Abuse class, skills clinics, etc, as appropriate)

Please circle the age group you would like to coach; you may circle more than one:

3 - 4 5 - 6 7 - 8 9 - 10 11 - 12 13 - 15

Please provide two references that are not related to you. They **DO NOT** have to be local.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

*******YOU MUST BE AVAILABLE ON SATURDAYS FOR YOUR GAMES*******