

# SWLA COACHING APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

1. Name of children participating in SWLA :

a. \_\_\_\_\_ Age \_\_\_\_\_

b. \_\_\_\_\_ Age \_\_\_\_\_

c. \_\_\_\_\_ Age \_\_\_\_\_

d. \_\_\_\_\_ Age \_\_\_\_\_

e. \_\_\_\_\_ Age \_\_\_\_\_

f. \_\_\_\_\_ Age \_\_\_\_\_

2. Level and position you want to coach. (Check Head or Assist)

Head Assist Football

Head Assist VG Volleyball

Head Assist JVG Volleyball

Head Assist VB Volleyball

Head Assist JV Soccer

Head Assist Soccer

Head Assist JVG Basketball

Head Assist VG Basketball

Head Assist JVB Basketball

Head Assist VB Basketball

Head Assist Baseball

Head Assist Softball

Head Assist Track

Head Assist Cheer

## COACHING BACKGROUND

1. Have you **played** this sport? Yes \_\_\_\_\_ No \_\_\_\_\_

Highest level: \_\_\_\_\_ (H.S., College)

2. Have you **coached** this sport before? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of years: \_\_\_\_\_ Where: \_\_\_\_\_ What level: \_\_\_\_\_

3. What other sports have you coached?

Sport	Sponsoring Agency	Level	Years Coached
_____	_____	_____	_____
_____	_____	_____	_____

4. Have you any formal training as a Coach? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe. (for example, PE degree, coaching courses, clinics, etc.)

5. Please list the name, address, and telephone number (if available) of two persons who know you sufficiently well to comment on your past coaching or your potential to coach.

Name	Address	Phone
_____	_____	_____
_____	_____	_____