COBOURG ANGELS SOFTBALL ASSOCIATION

2019 COACHING APPLICATION

NAME: _____   CC#-_____

YEARS COACHING EXPERIENCE _____

ADDRESS: _____   POSTAL CODE _____

PHONE # _____   EMAIL ADDRESS _____

TEAM LASTED COACHED _____

Tell us about your coaching history, you're coaching philosophy and anything else that will help us in our decision.

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_____
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_____

As an association, we are involved in fundraising to help with our costs. All teams are expected to assist in this cause. We are also active in bringing Provincial tournaments to our town and it is expected that all members, when available assist all our teams with hosting activities. Our association also holds winter workouts to prepare our players for the upcoming season and also to introduce new players to our game of softball. It will be a requirement for all coaching staff to assist with these indoor sessions.

Do you have a daughter playing with Cobourg Angels?   Yes   No   Age Group _____

Do you have a First Aid Certification   Yes   No   Expiry Date _____

List your personal sports and recreation experiences:

_____
_____
_____

List any previous coaching experiences

_____
_____
_____

List any other qualifications which would qualify you as a youth coach

_____
_____

Provincial Women Softball Association requires NCCP Qualifications. What is your current level and are you willing to participate in clinic's to upgrade

_____
_____

Pleas list two references that will attest to your qualifications as a youth coach:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____

If you have Assistant Coach(s) you are considering please indicate their name and email/phone number

_____

If you have a Manager you are considering please indicate their name and email/phone number

Please Submit application to Cobourg Angels   Box 1125   Cobourg, ON   K9A 4W5

Or email to jordan.lean@outlook.com