

City of West Linn Youth Basketball Recreational Coaching Application

Full Name: (F) _____ (M) _____ (L) _____

Home Phone: _____ Work Phone: _____

Address: _____ e-mail: _____

City, State, and Zip Code: _____

Check Grade Level Desired: 1 2 3 4 5 6 7 8

Check one: Boys Girls

Check one: Head Coach Assistant Coach

Would like to coach with (one name only): _____



COACHING EXPERIENCE

Program Name	Grade/Level	Head or Assistant?	Year
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COACHING REFERENCES

(Please include two parents whose children played on your team(s))

Name(s)	Phone Number	How associated?	Year
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1. _____

2. _____

3. _____

4. _____

Have you ever been ejected from a contest as a coach? YES _____ NO _____

If yes, please explain below.

BRIEFLY EXPLAIN YOUR PHILOSOPHY AS IT APPLIES TO THE THREE FOLLOWING AREAS:

1. Winning _____

2. Sportsmanship _____

3. Discipline _____

4. What is your personal athletic participation background?

5. What is your basic coaching philosophy?

6. Do you have a valid first aid card? YES _____ NO _____

My signature below indicates that I have completed this application accurately and truthfully. I understand that misrepresentation of factual information herein is cause for termination as a volunteer coach at any point in the season.

Signature: _____

Date of Application: _____

Thank you for your interest in becoming a coach.

**West Linn Parks & Recreation
22500 Salamo Road, #1100
West Lin Oregon 97068
kwerner@westlinnoregon.gov
503-557-4700
Fax 503-656-4106**