



## COACHING APPLICATION

**PLEASE PRINT CLEARLY:** e-mail completed form to Littleton Thunder Boys Lacrosse: [boyslacrosse@littletonyouthsports.org](mailto:boyslacrosse@littletonyouthsports.org)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOW MANY YEARS AT THIS ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SSN#(REQUIRED): \_\_\_\_\_ DOB(REQUIRED): \_\_\_\_\_

REQUEST TO BE: ( ) HEAD COACH ( ) ASSISTANT COACH AGE OR GRADE OF TEAM: \_\_\_\_\_

### COACHING EXPERIENCE AND HISTORY:

Have you ever coached within the Littleton Youth Sports programs: ( ) YES ( ) NO If Yes, which teams: \_\_\_\_\_

Head Coach Experience: ( ) Yes ( ) No How many years: \_\_\_\_\_ Sport: \_\_\_\_\_

Asst. Coach Experience: ( ) Yes ( ) No How many years: \_\_\_\_\_ Sport: \_\_\_\_\_

High School Coaching Experience: ( ) Yes ( ) No What School: \_\_\_\_\_

Please give us 3 names and numbers of people that have witnessed you coaching:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

What coaching certificates do you hold? \_\_\_\_\_

What clinics have you completed? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever been charged with a sexual-related offense? \_\_\_\_\_

Have you ever been charged with a child abuse related offense? \_\_\_\_\_

By placing my signature on this page I hereby give Littleton Youth Sports your permission to conduct a background check. I understand that the results of this background check may influence my ability to coach within this program.

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

