

Burnsville Fastpitch Softball
COACHING APPLICATION

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/State/Zip: _____ E-mail Address: _____
Driver's License Number: _____ State Issued: _____

Have you ever been convicted of or plead guilty to physical or sexual abuse? Yes No
Are you willing to give permission for criminal background check? Yes No
Do you have softball coaching certification? Yes No

If yes, please list: _____

If not certified, would you be willing to attend coaching certification clinics? Yes No

Age of Coaching Preference (please circle one): 8U 10U 12U 14U 16U

Position of Interest (please circle one): Head Coach Asst Coach

Indicate previous Fastpitch Coaching / Playing experience and age/level coached:

(Use reverse side or attach additional paper if needed)

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Explain why you want to coach and what you want to achieve for your players and yourself.

(Use reverse side or attach additional paper if needed)

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Please list 3 or more individual references; Personal, Work, or Coaching related.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please return completed application to: burnsvillefastpitch@gmail.com

*Coaches are limited to 3 years of service on the same team, provided a qualified replacement has applied.

Signature: _____ Date: _____