YMCA of Clay County

Application to Coach Youth Basketball: 2009-2010

I understand that in volunteering to work with a YMCA Youth Basketball team that I am committing to attend the practices and games or seek an assistant coach/temporary replacement for my team. During the Coaches Meeting, I will assist with even division of teams for this league. I understand that I am the primary model for the Y character values of Caring, Honest, Respect and Responsibility for the youth on my team. I will do my best to exhibit these character traits in all of my interactions with the youth, the parents, the officials, site coordinator and other YMCA staff. I understand that failure to do so may result in my removal from this volunteer position. If I have questions or concerns, I will speak with the Site Coordinator first, then with Deb Plummer, Program Director and/or Chad Zaucha, CEO. I understand that to determine my eligibility to volunteer to work with Youth Sports a limited criminal history and sex offender check will be made from the information I released below.

Signature:			Date: _	
Printed Name:	Ao	ddress:		
Date of Birth:/ Home Phone Number: Cell Phone Number:		Work	Phone Number:	
Employer:		L-IIIai	17 Address	
Name & age of your child who is playing	this year:			
Have you coached youth basketball for the	ne Y before?		How many y	ears?
Have you coached basketball for other yo	outh organiza	ations be	fore?	
If so, for what organization did you coacl	h?			
Please list at least two character reference 1. Name: Address: Phone Number:				
2. Name:				
Address:				
Phone Number:				
Why do you want to coach youth basketh	all for the Y	MCA? _		
If selected, which days would you be ava	ilable to hole	d practice	es: Circle all that ap	oply.
Monday Tuesday We	ednesday	Th	nursday	Friday
Can you assist with the Pre-Season Clinic	c on October	20, 2009	9 from 5:45 to 8:00	pm? Yes No
•	Coed at 6pm O Boys at 6pm	u US	,	U10 Girls at 8pm

Thank you for your interest in coaching in the 2009-2010 Youth basketball League.

Pre-Season Clinic. If you have any question, please call the Y or email sports@claycountyymca.org

Please return this form by October 18th so that your application can be processed prior to the