## **Coaching Application**

(Please complete all blanks fully)

Contact Information:						
Nama	Home Phone:					
Name:Address:						
City, Zip:		VOLK I	hone:			
E-Mail (H):						
Employer:		Length	at Current R	Residence:	yrs	
	Coaches	Agreement:				
*Focus- I understand that the Ponchatoula Youth Basketball Program is designed for the development of our Ponchatoula Youth.						
*Responsibilities – I recognize that an important part of my coaching responsibility is to <u>teach</u> and <u>demonstrate</u> to all participants' (players & parents) <u>good sportsmanship</u> , <u>discipline</u> , <u>self-confidence</u> , <u>teamwork</u> and <u>cooperation</u> .						
*Coaches Meeting & League Rules – I understand that I'll be required to attend a coaches meeting prior to the start of the season, where the PYB league rules, policies and procedures will be explained. I agree to abide by the regulations of the League and decisions reached by the PYB Board of Directors.						
*Commitment – I wish to contribute to the youth of our community, and therefore submit this application to coach in the Ponchatoula Youth Basketball Program.						
*Background Check – It is critical that the Ponchatoula Youth Basketball Board maintains the safety of all the children in our program. To that end, your signature below gives PYB and/or its agent direct authorization to conduct a background check for the sole purpose of determining eligibility to participate as a coach in PYB. It is our policy to preserve the privacy of all our coaches. No information will be shared with any other organization. Additionally, adverse information will be shared within the board on a mission critical basis only.						
Signature		Date of Birt	/ †h	Today's Date		
2-8						
Drivers License #	State		Social Security Number			
Previous youth organization experience:						
Past Ponchatoula Youth Basketball coaching experience:(# Seasons) Asst Coach (# Seasons)						
Other coaching experience:						
Basketball playing experience:						
Other youth organization experience:						
I understand that submitting this application does not guarantee coaching a team (Initial)						

Team #1 Information:							
Coaching Preference:	Head Coach	Assistant Co	oach				
Child's Name:	Child's	Age Group	Boys/Girls (Circle One)				
Team #2 Information:							
Coaching Preference: Head Coach Assistant Coach							
Child's Name:	Child's Age GroupBoys/Girls (Circle One)						
If 2 teams specified, what is your preference (please circle one):							
Coach Both Teams / Coach Team#1 / Coach Team #2/ Coach 1 team – No Preference							
Practice Information:							
<b>Practice Exceptions:</b> Limitations on gym space no longer allow us to consider your practice preferences. However, we do want to accommodate your needs as best we can. Therefore, please circle the day and/or time you are <b>absolutely unavailable for practice</b> (if any.) The number of such <b>exceptions</b> is <b>limited</b> to a total of <b>three</b> . Gyms cannot be exceptions.							
Mon/ Tues/ Wed/ Thurs/ 5:00 / 6:00 / 7:00 / 8:00 / 9:00  Example: Tues, Wed, 5:00 represent three exceptions and indicates you cannot practice any time Tuesday or Wednesday or any day at 5:00.							
<b>5:00 Practices:</b> We earnestly need coaches who are able to practice at 5:00. if you are able to help us by taking 5:00 practice, we will allow your preferences for schools and days and we will do our best to fill them.							
Use this section ONLY if you can practice at 5:00!!!							
Preferences: School* Days*  (*Only applicable for 5:00 practices)							
Two Team Coaches If you are requesting to coach two teams, do you request back-to-back practices?: Yes/No							
Preferences – There are NO GUARANTEES, but we would like to know if you have any:  Gym Days Times							

PYB will issues each Head Coach a coaches tee shirt that is to be worn during games. This guarantees free admittance to gym. (Please Circle Size) S, M, L, XL, 2XL, 3XL