



ALBERNI VALLEY MINOR SOFTBALL ASSOCIATION

APPLICATION TO COACH

AGE Division applying for _____ Level "A" "B" "C" Female Male

Position applying for: _____ (ex. Manager / Head Coach / Assistant Coach / Trainer)

Name: _____ Phone: _____
Home cell work

Address: _____
House number street City Postal Code

Email Address: _____ Fax: _____

Previous Coaching Experience: (list most recent first)

If you have been a Head Coach with AVMSA for the previous 2 or more years you need only fill in #1 below

1. Year(s) ____ Association: _____ Contact: _____ Ph#: _____

Division(s) coached: _____

2. Year(s) ____ Association: _____ Contact: _____ Ph#: _____

Division(s) coached: _____

3. Year(s) ____ Association: _____ Contact: _____ Ph#: _____

Division(s) coached: _____

(LIST ADDITIONAL EXPERIENCE ON THE BACK OF THIS FORM)

NCCP Coaching level ____ Passport Number _____ Softball BC Lifetime Membership #: _____

Coaching Clinics, Conferences, and Sport First Aid Courses attended or completed.

1. _____

2. _____

3. _____

4. _____

(LIST ADDITIONAL COURSES ON THE BACK OF THIS FORM)

Personal References:

1. _____

2. _____

3. _____

Reason(s) for wanting to Coach:

Coaching Expectations for the season:

Additional Information:

I have read the AVMSA Code of ethics and will abide by same: _____ (Initial)

I will attend all clinics to obtain my NCCP level necessary: _____ (Initial)

Willing to host and coordinate local tournament: _____ (Initial)

Interested in a bid application to host a Provincial Championship: YES OR Not at this time

Signature

Date

Criminal record checks must be completed and forwarded to AVMSA within 30 days of application. *(Coaching Applications submitted will not be considered without a criminal record check received.)

Mail to: Alberni Valley Minor Softball Association, Unit E #108, 4200 Wood Avenue, Port Alberni BC, V9Y 7S6