

**POCATELLO LEGION BASEBALL
COACH APPLICATION**



Name:

Address:

Phone Number:

| | |
|------|----------------------|
| Home | <input type="text"/> |
| Cell | <input type="text"/> |

Gender: Male Female

Are you 18 years or older? Yes No

Highest Level of School Completed:

High School: 9 10 11 12 Graduate
 College: Currently Enrolled Associate Degree 4-Year Degree Advanced Degree

Work History, Last 10 Years

| Dates | Company | Position |
|-------|---------|----------|
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What Team would you prefer to coach?

Why do you want to coach this Team? (Be specific)

Coaching Background

Have you played Baseball? Yes No

If yes, list levels and number of years at each level (ex: little league, high school, college, professional):

| Years | Age/Level | Organization, Team Name, or Other Information |
|-------|-----------|---|
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What other sports have you played?

| Years | Age/Level | Sport |
|-------|-----------|-------|
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Have you previous baseball coaching experience?

| Years | Age/Level | Organization, Team Name, or Other Information |
|-------|-----------|---|
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What other sports have you coached?

| Years | Age/Level | Sport / Organization |
|-------|-----------|----------------------|
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Have you had any formal training as a coach? Yes No

If yes, please describe (Examples: P.E. Degree, Coaching Courses, Clinics, etc.):

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Have you ever been convicted of a felony or crime? Yes No

If yes, please explain:

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Do you have any medical conditions that may affect your ability to coach? Yes No

If yes, please explain:

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Please rate your knowledge of the following topics with regard to baseball by circling the appropriate number.

1=None 2=Below Average/Minimal 3=Average 4=Above Average/Advanced 5=Excellent/Professional Level

- | | |
|--|--|
| 1 2 3 4 5 Individual Sport Skills – Fundamentals | 1 2 3 4 5 Equipment Needs and Specifications |
| 1 2 3 4 5 Individual Sport Skills – Advanced | 1 2 3 4 5 Time Management |
| 1 2 3 4 5 Game Management/Strategies | 1 2 3 4 5 Communication Skills |
| 1 2 3 4 5 Rules of the Sport | 1 2 3 4 5 Developing Sportsmanship |
| 1 2 3 4 5 Organizing Practices | 1 2 3 4 5 Risk Management |
| 1 2 3 4 5 Warm-Up/Conditioning Techniques | 1 2 3 4 5 Working with Parents |
| 1 2 3 4 5 Injury Prevention and Treatment | |

Please list the name, address, and telephone number (if available) of at least two individuals who can attest to your coaching potential. One should be from your most recent coaching activity.

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

Signed: _____

Date: _____

Please complete this application in its entirety and submit the form via email to pocatellolegionbaseball@gmail.com. Or, you may mail it to Pocatello Legion Baseball, PO Box 933, Pocatello, ID 83201 or deliver it in person to a member of the Executive Committee.