

INDIAN TRAIL ATHLETIC ASSOCIATION COACHING APPLICATION

NOTE: Persons applying to coach for ITAA must be a member in good standing of ITAA. PLEASE BE ADVISED That a background check will be made on all coaches and assistant coaches. Falsification of any part of this Application will result in immediate dismissal from coaching in any capacity with ITAA. All information Requested (below) must be provided in order to be considered for coaching.

PLEASE PRINT

Name (first, middle, last) _____

Social Security Number _____ Date of Birth _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Email Address _____ Drivers License _____ State _____

Have you ever been convicted of a crime other than a traffic violation? Yes _____ No _____

What sport do you want to coach? (circle one) Baseball Soccer Softball Basketball Cheerleading

What age group? _____

Did you coach this sport with ITAA last year? _____

If so, what team & league? _____

If you did not coach this sport last year, have you ever coached with ITAA before? _____

If so, when and what (most recent)? _____

If you have never coached with ITAA, please share some of your coaching experience.

Please provide at least one reference.

Name _____

Address _____

Phone _____

Signature _____