**VOLUNTEER COACHING APPLICATION**

**CROOKSTON YOUTH BASKETBALL ASSOC.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age Level you want to coach 2nd 3rd 4th 5th 6th 7th 8th 9th**

**Gender you want to coach Girls Boys**

**Do you have any Coaching Certificates Yes No**

**Are you a member of the NYSCA (Optional, Paid by CYBA) Yes No**

**Have you done concussion training in the past 3 years (Required, Free) Yes No**

**CPR Certified:\_\_\_\_\_\_\_ Expires:\_\_\_\_\_\_\_ First Aid Certified:\_\_\_\_\_\_ Expires:\_\_\_\_\_\_\_**

**Are you a parent of one of the players Yes No**

**If you are not selected as the head coach would you like to be an assistant coach Yes No**

1. **EXPERIENCE (Explain Your Past Coaching Experiences)**
2. **Explain any other characteristics that would make you a great candidate for coaching**

**Please Submit this to CYBA, PO Box 91, Crookston, MN or email to** **info@crookstonbasketball.com**