

OAKWOOD COMMUNITY CENTER COACHES APPLICATION

Date of Application: _____ Sport applying to Coach _____

Age Group Preference: (Circle One) Pre K-K 1st-2nd Grade 3rd-4th Grade
5th-6th Grade

Do you have children in League? _____ if so, Child's Name: _____

Would You Like To Be: Head Coach _____ or Assistant Coach _____

If assistant, what coach would you like to assist with?

APPLICANT NAME: _____ Date of Birth: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

(Best Contact #) _____ (Cell #) _____

Email: _____ (OCC communicates heavily by email)

Work Hours: _____ to _____

Have you ever coached with the Oakwood Community Center Before? Yes _____ No _____

What is your philosophy of youth sports?

Why do you want to coach?

Have you ever attended/completed any coaching training? Yes _____ No _____

If yes, please explain:

I understand that if I am selected to coach, I will be governed by the rules and policies of the Oakwood Leisure Services Department. This includes showing good sportsmanship at all the events and being accountable for being present at a majority of practices and games.

Signature _____

Date: _____