

HEAD COACH & ASSISTANT COACH APPLICATION FORM

(PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES) // 1420 S 700 W, SALT LAKE CITY, UT 84104 // TEL. 801-972-1009







INFORMATION						
Coach's Name:				Age:		
Mailing Address:					Zip	
Home Phone:	Work Phor	ne:		Cell Phone:		
Email Address:			Gender: M 🗆 F 🗅			
DO YOU HAVE CHILDREN PLAYING?						
Child's Name:		Gender: M 🗖 F 🗖	Child's Team:		Date of Birth zz//	
Child's Name:		Gender: M 🗆 F 🗖	Child's Team:		Date of Birth zz//	<u></u>
Child's Name:			Child's Team:			
COACHING CERTIFICATION (PLEASE ATTACH A COPY OF YOUR CARD TO THIS APPLICATION)						
Type:		Level:		Date Obtained:		
COACH ASSISTANT COA	СН 🗖 ТЕАМ МАМ	NAGER 🔲 SPECIAL	PROJECTS 🗖	FIELD PREPARA	TION REFEREE	
COACHING EXPERIENCE:						
Organization:	Team:	Position:_		_ From Date to Da	nte:	
Organization:	Team:	Position:_		_ From Date to Da	ate:	
PLAYING EXPERIENCE:						
Organization:	Team:	Position:		_ From Date to Da	ite:	
Organization:	Team:	Position:_		_ From Date to Da	ite:	
COACHING REFERENCES						
Name:	Phone:		ame:	Phone:		
Name:	Phone:	Na	ame:		Phone:	
CRIMINAL RECORD CHECK						
YES \(\begin{align*} \text{NO} \(\begin{align*} \text{Have you ever been convicted} \)						
YES A NO Have you ever been convicted of any crime involving children, child abuse or child molestation etc.?						
YES INO IN Will you allow a background check to be done by Victor's Kids?						
YES NO Do you have a drivers Licens	se? DLN:					
I as the coach of my team, fully unders coach, I understand the risks and my sport participation. I have made a cons	responsibility to no	tify the other parent	or legal guardiar	ns as well as the l	minor of the risks involved v	with
SIGNATURE:				DAT	TE://	
ADMINISTRATIVE USE ONLY						
Team Name: Reviewed by:				DA	ΛΤΕ: / /	
Hoviowod by.				DA	II E	