

AMERICAN LEGION BASEBALL



Coaching Application

Please PRINT or TYPE

Name

Address: City, State, Zip

Home Phone Number

Work Phone Number

Sex: Male Female Are you 18 years or older? Yes No

1. Circle the highest year you completed in school:

Elementary 1 2 3 4 5 6 7 8
High school 1 2 3 4
College 1 2 3 4 5 6 7 8

2. Work history (last 10 years)

Company	Position	Dates
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. What Team do you wish to coach?

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

Coaching Background

5. Have you played Baseball? Yes No Number of years

6. What other sports have you played?

Sport	Age level	Years played
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Do you have previous coaching experience? Yes No Number of years

(over)



Coaching Application (continued from front)

8. What other sports have you coached?

Sport	Sponsoring Agency	Age Level	Years Coached

9. Have you had any formal training as a coach? Yes No

If yes, please describe (for example: PE degree, coaching courses, clinics, etc.)

10. Describe any informal training that would help you coach (for example: clinics attended, reading books, watching sports, etc.)

11. Have you ever been convicted of a felony or crime? Yes No If Yes, please explain.

12. Do you have any medical conditions that may affect your ability to coach? Yes No If Yes, please explain.

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

1 = You know very little about it 2 = You have reasonably good knowledge about it 3 = You know a great deal about it

1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skill and strategies of the sport	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Developing sportsmanship
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rules of the sport		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Communication skills
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Organizing practices		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Warm-up and physical conditioning techniques
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Equipment needs and specifications		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Working with parents
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Injury prevention and treatment		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Principles for teaching sport skills
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Legal duties		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Managing time

14. Please list the name, address, and telephone number (if available) of two persons who can attest to your coaching potential. One should be your most recent supervisor.

Name	Address	Phone Number