



**Defiance Softball Association
Coach Application**

NAME: _____ DOB: _____ AGE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: (H) _____ (W) _____ (C) _____
EMAIL: _____ SHIRT SIZE: _____
EMPLOYER: _____ OCCUPATION: _____

COMMUNITY AFFILIATIONS (Clubs, Service Organizations, etc.):

PREVIOUS VOLUNTEER EXPERIENCE:

SPECIAL CERTIFICATIONS (CPR, Medical, etc.):

What age group would you like to coach? 8u 10u 12u 16u

Why do you want to coach youth softball?

Previous softball coaching experience, if any?

Please list any previous experience you've had working with children:

Please rank the following priorities for you as a coach. (1 to 5 with 1 being the most important)

A. Having fun ___ B. Learning ___ C. Winning ___ D. Making friends ___ E. Other: _____

What is your philosophy on playing time?

Do you have other obligations during the summer softball season? (coaching other sports, adult leagues, etc.)

Do you have any assistant coaches in mind? If so, whom?

NAME: _____ NAME: _____