



Volunteer Coach Application: 2019 Summer Youth Basketball League

LAST NAME: _____ FIRST NAME: _____

D.O.B: ____/____/____ CELL PHONE #: _____ SHIRT SIZE: _____

ADDRESS: _____ CITY/STATE: _____

EMAIL ADDRESS: _____

CHILD(REN)'S NAME (IF APPLICABLE): _____

COACHING POSITION: Head Coach / Assistant Coach / Either PARTNER REQUEST: _____

DIVISION(S) IN WHICH YOU PLAN TO COACH....PLEASE CHECK ALL THAT APPLY:

____ 3rd/4th Grade Division ____ 5th/6th Grade Division ____ 7th/8th Grade Division

RATE YOUR KNOWLEDGE OF THIS SPORT ON A SCALE FROM 1-10 (10 BEING THE HIGHEST): _____

HAVE YOU COMPLETED THE RUTGERS S.A.F.E.T.Y. CLINIC? _____

ARE THERE ANY DAYS OF THE WEEK IN WHICH YOU ARE UNAVAILABLE TO COACH? _____

IF YES, WHICH DAYS? _____

PLEASE DESCRIBE ANY OTHER POTENTIAL COACHING CONFLICTS (*We will do our absolute best to accommodate, but requests are not guaranteed*):

I UNDERSTAND THAT, IF SELECTED AS A COACH, I WILL HAVE TO PARTICIPATE IN THE PLAYER DRAFT AND PLAYER REQUESTS (EX: CARPOOLING) ARE NOT GUARANTEED: ____ Yes ____ No

