

Youth Basketball Of Claremore

*** Mail application to PO Box 2712 Claremore, OK 74018 ***

Position Applying: Head Basketball Coach - Boys Assistant Basketball Coach - Boys
 Head Basketball Coach - Girls Assistant Basketball Coach - Girls
 OTHER: _____

If applying for assistant coach, which head coaches team are you applying to be on?

Head Coach: _____ Any Head Coach

Grade Applying: (Circle One) 3 4 5 6 7 8 REC or SELECT

Name: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____ Home Phone: _____
 Occupation: _____ Email: _____
 Employer: _____ Work Phone: _____
 Do you have a valid driver's license? YES NO
 Driver's License#: _____ State: _____ SSN # _____
 Have you ever been convicted of or plead guilty to any crime(s)? YES NO
 If YES, please describe each said conviction in full: _____

Have you ever been refused participation in any other youth programs? YES NO
 If YES, please explain: _____

	YES	NO	
Do you have any children in Youth Basketball of Claremore			
Name			Grade
Name			Activity
_____			_____
_____			_____
_____			_____

Please list three references, other then spouse and immediate family members.

Name	Phone number
_____	_____
_____	_____
_____	_____

"I authorize investigation* of all statements contained herein and all information concerning previous coaching assignments and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from the information furnished."

The position of Head Coach or Assistant Coach, is an appointed position upon the approval of the Board of Directors of the Youth Basketball of Claremore and any person approved and designated as such will hold that position for no definite period of time and may regardless of the date of approval of position, be terminated at any time without prior notice for whatever reason(s) the Board of Directors deems necessary.

* Please note: All applicants will be subjected to a background check.

Signature of Applicant: _____ Date: _____

Applicant Name (please print): _____

NOTE: Youth Basketball of Claremore will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

CYFA Use only:

Interview with Board set for: Date: _____ Time: _____ Approved: YES NO

Board approval for Position: _____ Team: _____

Returning coach? YES NO Team/Position held during last season: _____

Background check completed: Sex Offender Registry Criminal History Records

CYFA has copy of NYSCA card: _____

Please list any activities in which you have been involved in working with children.

Please list all coaching experience including the type of sport, age, level dates and city or town where you coached. If you haven't coached youth before, list ALL athletic experiences.

Why do you want to coach basketball for YBOC?

Please describe your coaching philosophy.
