



**YBOC 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

YBOC has copy of NYSCA card: \_\_\_\_\_

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

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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.

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Why do you want to coach basketball for YBOC?

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Please describe your coaching philosophy.

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