



WOOD RIVER BASEBALL & SOFTBALL ASSOCIATION, INC.

Coach Application

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone - _____ Cell - _____

Gender: _____ Are you 18 years or older? YES NO

Highest Level of School Completed: _____

Have you played baseball/softball and to what level? _____

Current Work and History, Last 5 Years

| Dates | Employer | Position |
|-------|----------|----------|
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What Team (or age of kids) would you prefer to coach?

Why do you want to coach this team or age group?

Coaching Background (in all sports)

| Years | Age/Level | Organization/Team/Other Info |
|-------|-----------|------------------------------|
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Do you have baseball/softball coaching experience specifically?

Have you had any formal training as a coach? If yes, please describe:

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

Do you have any medical conditions that may affect your ability to coach? If yes, please explain:

Please rate your knowledge of the following topics with regard to baseball by marking an "X" the appropriate box under the number.

1=None 2=Below Average 3=Average 4=Above Average. 5=Excellent (Professional)

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1 | 2 | 3 | 4 | 5 | Individual Sports Skills – Fundamentals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Game Management/ Strategies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Rules of the Sport |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Organizing Practices |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Warm up/Conditioning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Injury Prevention |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | Time Management |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Communication Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Developing Sportsmanship |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Risk Management |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1 | 2 | 3 | 4 | 5 | Working with Parents |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please list the name, address and phone number of three individuals who can attest to your coaching potential.

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Is there anything else you would like to comment about that would help us in considering your placement as one of our coaches for the upcoming season?

Signed: _____ Date: _____

Please return this application to info@woodriverbaseball.com or by mail to WRBSA, PO Box 4802, Hailey, ID 83333, or deliver in person to a member of the Executive or Coaching Committee.