



P.O. Box 6212
Corpus Christi, Texas 78466-6212

COACHES APPLICATION

Name: _____ Age: _____ DOB: ____ / ____ / ____

Address: _____ TX Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(I can / cannot be contacted at work (Check one))

E-Mail: _____

Employer: _____ Occupation: _____

Check One: Head Coach () Assistant Coach ()

If applying for head coach, who are your choices for assistant coaches:

Team and Division Requesting? _____

Do you or your Assistant(s) have any girls playing kickball? If so,

(a) Girl's Name: _____ Age: _____

(b) Previous Team: _____

(c) Will she be claimed as a coach's option? YES NO (check one)

Previous kickball coaching experience (age group(s), when, where):

Other experience working with girls: _____

References: (1) _____ Phone: _____

(2) _____ Phone: _____

(3) _____ Phone: _____

I understand that I will be responsible for and expected to have my team participate in all league fundraisers. Initial : _____

I understand that a yearly Criminal History Background Check is required for this position. Initial: _____

Signature: _____ Today's Date: _____

LEAGUE USE ONLY

Date Application received: ____ / ____ / ____ Date coach approved: ____ / ____ / ____

Has coach been tested? YES NO Date coach notified: ____ / ____ / ____ Int. _____

Background Check Completed: ____ / ____ / ____ Cleared? YES NO