

**OHIO VALLEY ATHLETIC ASSOCIATION
YOUTH SPORT COACH APPLICATION**

Name: _____

Address: _____
City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Sex: _____ Male _____ Female

BACKGROUND INFORMATION:

1. Circle highest year completed in school

Elementary	1 2 3 4 5 6 7 8
High School	1 2 3 4
College	1 2 3 4 5 6 7 8

2. Please rate your knowledge of the following topics with regard to this sport by circling the appropriate number.

1=You know very little about
2=You have reasonably good knowledge about it
3=You know a great deal about

- 1 2 3 Skills and strategies of the sport
- 1 2 3 Rules of the sport
- 1 2 3 Organizing Practices
- 1 2 3 Equipment needs and specifications
- 1 2 3 Injury prevention and treatment
- 1 2 3 Legal Duties
- 1 2 3 Developing Sportsmanship
- 1 2 3 Communication Skills
- 1 2 3 Warm up and physical conditioning techniques
- 1 2 3 Working with parents
- 1 2 3 Principles of teaching Sport Skills
- 1 2 3 Managing time

Have you ever been convicted of or plead guilty to any crime? (Misdemeanor or felony)

Yes _____ No _____

If yes, please explain:

Have you ever been refused volunteer participation in any other youth sports program?

Yes _____ No _____

If yes, please explain:

Why are you interested in coaching children?

Please tell us of any other coaching positions you have held

Do you hold current certification in First Aid or CPR?

Do you have any special training in the youth sports field?

DRIVER'S LICENSE OPERATOR NUMBER _____

STATE _____

As a condition of volunteering, I give permission for the Gallipolis Recreation Department and/or Ohio Valley Athletic Association to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Gallipolis Recreation Department, City of Gallipolis, and Ohio Valley Athletic Association, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Gallipolis Recreation Department and/or Ohio Valley Athletic Association are not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by the Gallipolis Recreation Department and/or Ohio Valley Athletic Association and removal by that Board for violation of Gallipolis Recreation Department and/or Ohio Valley Athletic Association policies or principals.

PRINT YOUR NAME _____

SIGNATURE _____