



## COACHES APPLICATION FORM

**POSITION**      *Head Coach*      *Assistant Coach*  
**SEASON**      *Spring*      *All-Star*      *Winter*      *Fall*  
**DIVISION**     *T-Ball*      *8U*      *10U*      *12U*      *14U*

Candidate:		Date of Birth:		Home Phone:	
		Email:		Cell Phone:	
Address: (Street, City, Zip):					
Do you have children in SDYS? If so, please list their names and ages:					
Occupation:			Employer:		
Reference 1:		Relationship:		Phone:	
Reference 2:		Relationship:		Phone:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," please explain:			
Years coaching youth sports:		Years coaching youth softball:		Years coaching SDYS:	
List your youth sports coaching experience:					
Why do you want to coach SDYS softball:					
<i>I understand that my application is subject to an approved ASA Background Check, SDYS Board approval, and my agreement to meet all established criteria for a SDYS Coach.</i>					
Signed:				Date:	
<b>For additional information or to submit your application to the Coaches Commissioner, please email <a href="mailto:coaches@sdyssoftball.com">coaches@sdyssoftball.com</a></b>					
<b><i>SDYS League Use Only</i></b>					
Reviewed By:		Date:		Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Board Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:					