

# M.T.C.A. COACHES APPLICATION

“PROTECTING GOD’S CHILDREN” CLASS	
<input type="checkbox"/> YES	WHEN?
<input type="checkbox"/> NO	WILL BE TAKING (WHEN & WHERE)

GENERAL INFORMATION			
NAME	PHONE	GENDER	AGE
ADDRESS	CITY	STATE	
OCCUPATION	WORK #	EMAIL	

COACHING PREFERENCES				
<b>COMPETITIVE</b>  <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst Coach	<input type="checkbox"/> Boys Basketball <input type="checkbox"/> Girls Basketball <input type="checkbox"/> Girls Volleyball <input type="checkbox"/> Boys Volleyball	<input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade <input type="checkbox"/> 7 <sup>th</sup> Grade <input type="checkbox"/> 8 <sup>th</sup> Grade	<b>PEE WEE</b> <input type="checkbox"/> Basketball (Gr 1 & 2) <input type="checkbox"/> Basketball (Gr 3 & 4) <input type="checkbox"/> Volleyball (Gr 3 & 4)	<input type="checkbox"/> Soccer (Gr 1 & 2) <input type="checkbox"/> Soccer (Gr 3 & 4) <input type="checkbox"/> Cheerleading (Gr 1-8) <input type="checkbox"/> Bowling (Gr 1 – 8)

PREVIOUS EXPERIENCE DEALING WITH CHILDREN				
ORGANIZAION / SCHOOL	FROM: MO / YR	TO: MO / YR	CONTACT PERSON	PHONE #

REFERENCES		
NAME	PHONE NUMBER	RELATIONSHIP

COACHING PHILOSOPHY (Rate the following areas 1 – 5 with 1 being least and 5 being most important)		
Teaching / learning experience	Adequate playing time for all	Fundamentals of the sport
Winning	Sportsmanship	Teamwork
Discipline	Fun & Relaxation	Preparation
Responsibility & Respect		

**I CERTIFY** that I have not been convicted of a felony for committing or attempting to commit crimes in the areas of juvenile prostituting or pimping, obscenity, child pornography, sexual abuse, child exploitation, Cannabis Control Act or Controlled Substance Act.

**I CERTIFY** that I have not been convicted of any offense in any other state or against the laws of the United States which if committed or attempted in the State would have been punishable as one or more of the foregoing enumerated offenses.

**I HEREBY AUTHORIZE** investigation of all statements contained on this form and certifies that all information included herein is complete and accurate. I understand that my acceptance and continuance as a coach is dependent upon verification of my statements and that a misstatement of fact would be grounds for my immediate discharge as a coach.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_