

Please list your children (if any) or other children that will be participating in the program you are requesting to coach.

NAME

BIRTH DATE

_____	_____
_____	_____
_____	_____

COACHING BACKGROUND

Have you coached this sport before Yes No Number of years _____

What team did you coach most recently? _____ Year _____ Sport _____

Please describe your coaching related experiences. Include paid and volunteer work _____

Did you coach a Lodi Parks and Recreation/B.O.B.S. team last year? Head Coach Assistant

If head coach, who was your assistant?

Name _____ Team Name _____ Level _____ Boys Girls

What other sports have you coached?

SPORT	SPONSORING AGENCY	AGE LEVEL	YEARS COACHED
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_____	_____	_____	_____
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TRAINING BACKGROUND

Have you had any formal training as a coach? Yes No If yes, please describe (i.e, PE degree, coaching courses, etc.)

Have you attended any training clinics Yes No Year _____ Sport _____

Clinic Name(s) _____

Do you have a current CPR/first aid card? Yes No Year completed _____

RELATED SPORT INFORMATION

Have you played this sport on an organized team? Yes No Number of years _____ Level _____

REFERENCES

Name	Address	Telephone
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_____	_____	_____
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For staff:

Date Received	Staff Initials	Prior DOJ Approval	DOJ Approval Date	Team
		Y / N		