



## COACHING APPLICATION

Thank you for showing interest in **hGsa** coaching. This questionnaire is provided to let you help us get to know you. It gives us an opportunity to hear your ideas and opinions of HGSA and softball in general.

Completing this form DOES NOT guarantee you a coaching position. That decision is based upon need and final approval of the **hGsa** Board of Directors. We must have a completed form on file before you will be considered for a coaching position.

Thank you,  
**hGsa** Board of Directors

*PLEASE PRINT*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Shirt Size:**   M  L  XL  2XL  3XL    
(if not selected –default to XL)

**Street/Mailing Address:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
(Home) (Work or Cell)

1. How long have you lived in your present community? \_\_\_\_\_

2. Have you ever been convicted of a crime other than a minor moving violation? \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever played on a softball team yourself? \_\_\_\_\_  
If yes, explain (fast pitch or slow pitch, how long, etc.) \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever coached before? \_\_\_\_\_  
If yes, please describe what age groups, what communities/programs, what level, fast pitch or slow pitch, baseball or softball & how many years  
(IF A COACHING RESUME IS AVAILABLE, PLEASE SUPPLY) \_\_\_\_\_  
\_\_\_\_\_

5. Do you have a daughter(s) registered with **hGsa**? \_\_\_\_\_  
If yes, list name(s) and age(s) : \_\_\_\_\_

6. What age group do you prefer to coach? \_\_\_\_\_

7. Please describe your coaching philosophy

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**By signing this form you agree to follow the rules and guidelines set forth by The American Softball Association as well as those adopted by The Hilliard Girls Softball Association and to place safety and good sportsmanship as the highest achievable goals. Non-compliance is subject to disciplinary action and/or removal as determined by the Board of Directors. You also grant the hGsa permission to perform a criminal background check prior to your acceptance as a coach.**

\_\_\_\_\_  
NAME - PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

NYSCA Certification on file?\_\_\_\_\_

Date attended coaches' clinic\_\_\_\_\_

BOARD ACTION TAKEN: \_\_\_\_\_ Accept or Deny

\_\_\_\_\_ Head Coach or Assistant Coach

By:\_\_\_\_\_

BOARD MEMBER (Print & then sign)

DATE

Assigned to: T-Ball Minors U-8 U-10 U-12 Majors \_\_\_\_\_

Team #:\_\_\_\_\_

Sponsor:\_\_\_\_\_