



2012 TRAVEL/FLYTE COACHING APPLICATION

Thank you for showing interest in **hGsa** coaching. This questionnaire is to help us get to know you better. 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. Coaching positions are based upon need and final approval by the **hGsa** Board of Directors. We must have a completed form and background check on file before you will be considered for a coaching position.

Thank you,

hGsa Board of Directors

General Information

Name:

First

Middle

Last

Address:

House/Apt #

Street

City

State

ZIP

Phone No:

Home ()

Work ()

Cell ()

Please " " Your Preference for Use

Email:

OH Drivers License #:

Date of Birth:

NOTE: The information above is required for and will be submitted for a background check.

Coaching position desired.....

Assistant

Head

Desired age-group.....

U10

U12

U14

U16

ALL coaches: Player selection.....

NOTE: Player selection is limited to a single player (or immediate family) only.

Name & Date of Birth

HEAD coaches only: Assistant coach selection.....

NOTE: Teams are limited to one head coach and one assistant coach each. Additional assistants may be assigned by the board.

How long have you lived in your current community?

Have you ever been convicted of a crime? (Other than a minor traffic violation).....

Yes No

If YES please explain (add additional sheet)

Experience

Do you have experience playing softball?

Yes No

If YES please explain: (Youth/adult, slow-pitch/fastpitch, recreational/ travel, etc.)

Are you a certified ASA umpire?

Yes No

Have you coached in hGsa before?

Yes No

If YES please explain: (Age-group, hGsa/flyte/HGTC, years experience, etc.)

