



Volunteer Coach/Manager Application

Name: _____

Date: _____

Address: _____

Postal Code: _____

E-Mail Address: _____

Cell Phone: _____

Are you currently awaiting trial, served any sentence or probation for any charge or serious misconduct? Yes No

If yes, please provide the conviction date and indicate the nature of the conviction(s):

***All successful candidates will be required to submit a current certificate of conduct certified by the RNC that includes a vulnerable sector check before the season starts.**

Coaching Background:

1. Have you coached/managed softball teams in the past? Yes No

If yes, please list what age group you coached/managed, the sponsoring association and the approximate dates.

2. What other sports have you coached/managed? Please include sponsoring association and dates. If not, list any job skills you have that will help you in this position.

3. Position applying for? Coach Assistant Coach Manager

4. What Age Group would you like to Coach? Girls Boys

Mite Squirt Pee wee Bantam Midget

5. Highest softball coaching certification you currently hold (if any): _____

6. What is your NCCP Coaching Number? _____

Playing Experience:

7. Have you played Fastpitch before? Yes No

If yes, describe your experience including any leagues, competitions played, provincial or national etc.

8. Most recent coaching/manager position you have held: _____

9. Do you have children currently playing for an association in SNL jurisdiction? Yes No

If yes, at what level(s) _____

10. Please rate your knowledge of the following topics with regard to softball by **circling** the one that applies to you.

Number(s): 1 = I know very little about this

2 = I have reasonable knowledge

3 = I know a great deal about this

1. Skills and strategies of the sport	1	2	3
2. Rules of the sport	1	2	3
3. Organizing practices	1	2	3
4. Equipment needs	1	2	3
5. Injury prevention and treatment	1	2	3
6. Developing sportsmanship	1	2	3
7. Communication skills	1	2	3
8. Physical conditioning techniques	1	2	3
9. Working with parents	1	2	3
10. Managing time	1	2	3

11. Have you ever been relieved from a coach/assistant coach/managerial position or placed on probation by any league or sport organization? Yes No If yes, describe.

12. What is your coaching philosophy?

13. Why do you feel that you would be the most qualified candidate for this coaching position?

14. Please attach a sample practice plan and a seasonal plan that summarizes the program you would put in place to prepare players to compete at an elite level.

References:

NAME	ADDRESS	PHONE NUMBER
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1. _____
2. _____
3. _____

PLEASE READ BEFORE SIGNING:

As a Head Coach/Assistant Coach or Manager, I will:

1. Follow SNL By-laws, Code of Conduct and Rules and Regulations.
2. Attend at least one training session per year provided by SNL to enhance my coaching ability.
3. Support SNL and its decisions regarding softball matters.
4. Consider all decisions of SNL Board of Directors to be final and binding.

When there is more than one candidate for a particular coaching position, SNL board of directors or an appointed sub-committee may conduct interviews to meet and speak with the candidates personally. The final decision will be based on which candidate best meets qualifying factors*, as well as the expectations of all guidelines as put forth by SNL. The SNL board of directors approve all coaches, assistant coaches and managers with input from the head coach.

***Qualifying Factors:**

All factors are considered as a whole. A review will be conducted of any past documented incidents that may have affected an association positively or negatively. Qualifying factors include but are not limited to:

- 100% SUPPORT, ACCEPTANCE AND ADHERANCE TO SNL RULES AND REGULATIONS
- DEGREE TO WHICH YOU ARE A POSITIVE BEHAVIORAL ROLE MODEL FOR PLAYERS
- TRACK RECORD OF SUPPORTING THE ADMINISTRATIVE TASKS AND ESTABLISHED ORGANIZATIONAL DEADLINES

- HISTORY OF CONFRONTATION AND LACK OF ON AND OFF FIELD PROBLEMS
- EXPERIENCE
- TRAINING (Agree to obtain or begin the process of obtaining the appropriate certification for the

Position applied for as set forth by the Board of Directors of SNL).

By tending my signature, I acknowledge that I have read the above statements and agree to all terms. Failure to uphold the standards as stated above could result in my immediate removal from any assigned coaching/assistant coaching/managing position.

I certify that all statements on this application are true and complete. I understand that false statements on this application shall be considered sufficient reason for rejection of application or termination of a volunteer agreement. I also do hereby grant and authorize SNL the right to access information contained in this application and give permission to do a criminal history background check. All information contained in this application is solely for the use of SNL and will not be released to any other entity.

Signature:

Date:



TO BE COMPLETED BY SNL BOARD OF DIRECTORS

ASSIGNED TO TEAM: _____

DATE APPROVED: _____

HEAD COACH ASST. COACH MANAGER

SIGNATURE OF ASSOCIATION PRESIDENT: _____

SIGNATURE OF ASSOCIATION MINOR DIRECTOR: _____

Please mail completed applications to:

Softball Newfoundland and Labrador

P.O. Box 21165
 St. John's, NL
 A1A 5B2