



**DMAFB YOUTH SPORTS
COACHES APPLICATION**

Name (Print) _____

Status (Mark appropriate): A/D Rank _____ Dep. _____ Other (explain) _____

DOB: _____ Place of Birth: _____

Home Address (Zip Code): _____ Home Phone: _____

Unit: _____ Email Address: _____ Duty Phone: _____

Unit Commander's Name & Office Symbol: _____

Applicant's Spouse Name: _____

I would like to volunteer for the following:

Sport:

Baseball _____ (T-Ball, Coach Pitch; Minor; Major; Jr/Sr)

Softball _____

Basketball _____ (5/6; 7/8; 9/10; 11/12; 13/15)

Soccer _____ (U6; U8; U10; U12; U14)

First Steps _____ (Football, Basketball, Soccer, T-ball)

Flag Football _____ (5/6; 7/8; 9/10; 11/12)

Other _____

Position:

Coach _____

Asst. Coach _____

Referee/Umpire _____

Team Mom _____

Days Available To Coach: __Sun __ Mon __Tue __Wed __Thu __Fri __Sat

I have a son/daughter in the _____ age group. I would/would not like him/her on my team. My youth's name is _____.

Previous coaching experience: Please indicate number of years, age group and base.

CPR, Blood Pathogen Training, Self-Aid Buddy Care, and NYSCA training is required. If you have had any of these classes, a copy of your card is required. If you are military, a copy of your training record that shows your training will work.

Two (2) references are required for all volunteers. Please write down their names, current phone numbers and an e-mail address. Incorrect information will delay your approval to coach.

Name

Phone Number

E-mail address

1. _____

2. _____

Thank you for your support of Davis-Monthan Youth Sports.

Kathy Sands

DMAFB Youth Sports Director

228-8390/8844

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