

**COCHRANE MINOR BALL
COACHING APPLICATION**

Name: _____

Age: over 19? Yes
 No

Address: _____

Street

City/Town

Postal Code

Home Phone: _____ Bus phone: _____ Cell phone: _____

League category you wish to coach: _____

Do you have a child playing at this level? Yes No

NCCP certification level attained: _____

Baseball coaching experience: _____

Coaching experience in other sports: _____

References: 1 _____ Phone #: _____

2 _____ Phone #: _____

Days available to coach: _____

First Aid training: Yes No

If Yes, specify training: _____

*All Coaches must provide police background checks before assuming their positions.
Cochrane Minor Ball is under no obligation to appoint an applicant as a Coach and may implement a
screening process. A volunteer may be removed from their position at any time by the Executive of
Cochrane Minor Ball.*

Applicant's Signature

Date