

Do you have a daughter playing with Cobourg Angels? Yes No Age Group _____

Do you have a First Aid Certification Yes No Expiry Date _____

List your personal sports and recreation experiences:

List any previous coaching experiences

List any other qualifications which would qualify you as a youth coach

Provincial Women Softball Association requires NCCP Qualifications. What is your current level and are you willing to participate in clinic's to upgrade

Please list two references that will attest to your qualifications as a youth coach:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____

If you have Assistant Coach(s) you are considering please indicate their name and email/phone number

If you have a Manager you are considering please indicate their name and email/phone number

Please Submit application to: Cobourg Jr. Angels
Attention: Jordan Lean
P.O. Box 1125
Cobourg, ON
K9A 4W5

Or email to jordan.lean@outlook.com