



COACHES APPLICATION

This form is to be completed and submitted to Shooting Star Coaches Liaison for consideration, along with any inquiries. Thank you for your interest in coaching with Shooting Star.

General Information

Name: _____

Home Phone: (902) ____ - _____ Cell Phone: (902) ____ - _____

Email: _____

Mailing Address: _____

Basketball Information Years of Basketball Experience: Player: _____ Coaching: _____

NCCP Level in Basketball: _____ Coaching Clinics Attended: _____

Coaching Preferences (In numerical order rank preferences leave blank those you have no interest)

___ Head Coach

___ Assistant Coach

Important:

Age Group:

Volunteer coaches for Shooting Star are required to:

___ Little Dribblers

1) Submit an E-PIC & Child Abuse Registry Check

___ U10 Girls

2) Review all SSBA policies on website

___ U10 Boys

___ U12 Girls

___ U12 Boys

___ U14 Girls

___ U14 Boys

___ U16/U18 Girls

___ U16/U18 Boys

Signature: _____ Date: _____