

NAME:

Association Coach Coordinator Application

The Association Coach Coordinator (ACC) will be responsible for mentoring and helping coaches at all levels within their local association/club. The ACC will have coached softball for at least five (5) years or have equivalent experience, and wish to help new or emerging coaches develop competency and instructive skills. This is a volunteer opportunity intended to assist coaches in all levels to improve their skills and effectiveness as a coach.

ADDRESS (INCLUDING POSTAL CODE):					
HOME PHONE:					
WORK PHONE:					
MOBILE PHONE:					
EMAIL ADDRESS:					
SOFTBALL BC NUMBER:					
NCCP NUMBER:					
EXPERIENCE					
SOFTBALL COACHING EXPERIENCE (list in order starting with the most recent)					
YEAR	ASSOCIATION OR TEAM	AGE GROUP	POSITION		



Association Coach Coordinator Application

SOFTBALL PLAYING EXPERIENCE, IF APPLICABLE: (list in order starting with the most recent)

YEAR A	ASSOCIATION OR TEAM	AGE GROUP	POSITION

PLEASE DESCRIBE YOUR COACHING PHILOSOPHY AND WHY YOU FEEL YOU WOULD BE AN ASSET IN THIS POSITION:

Undertaking

- I hereby consent to the disclosure of the information contained within this application.
- I hereby acknowledge the authority of Softball BC and agree to carry out and abide by their constitution, bylaws, rules and regulations.
- I hereby acknowledge that I have read and understand the Softball BC Code of Conduct and Ethics Policy.
- I hereby agree to familiarize myself with the NCCP requirements for coaching minor softball and ensure that I maintain the required level of certification for this position.
- By way of this application, I acknowledge that I am responsible for obtaining a Criminal Record Check and have submitted confirmation to my association.
- I hereby acknowledge that I have read and understand the Softball BC Fair Play Code and will ensure all coaches within my association are made aware of the Code and adhere to its conditions.



Association Coach Coordinator Application

REFERENCES: Please provide 2 personal references:		
Name:	Phone Number:	
Name:	Phone Number:	
Signature of Applicant:	(Date)	
To be completed by Association President prior to s	ubmitting to Softball BC:	
Criminal Record Check has been received and is satisfa	ctory:N	
Date of CRC: Expires:		
I hereby recommend our association	_ for the position of Association Coaching Coordinator with 	
Name (please print):		-
Signature:	(Date)	-
Softball BC USE ONLY		