



SWIFT CURRENT MINOR BASEBALL

Application Form 2024 Team Coach

Personal Information

Name: (Last) _____ (First) _____

Address: _____

Telephone: (Cell) _____

Email Address: _____

Division & Level Applying For: please circle division and check Tier

15U 13U 11U Rally Cap T Ball _____AAA _____AA _____A _____ House

Position Applying For

_____ Head Coach _____ Assistant Coach

Certification/Training

National Coaching Certification Program NCCP #: _____ (Transcript Attached)

Swift Current Youth Certified (Safe Places) Certificate #: _____ (Photocopy Attached)

Other Coaching Training or Certification

Coaching Experience (List in order starting with most recent)

Year	Sport/Association	Age Group/Division	Position
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Describe your Coaching Philosophy and outline your objectives for a baseball team

If accepted to a SCMBA Coaching position

- I agree to abide by the rules and regulations within the SCMBA constitution.
- I acknowledge that I am qualified to Coach the Division and Level that I am applying for according to the Baseball SASK NCCP Requirements for Provincials (Or have a verified plan to receive certification prior to the 2024 Season).
- I acknowledge that I have read and will abide by the “Coaches Code of Conduct” attached to this coaching application. If I cannot abide by this code, I realize that SCMB has the right to investigate any concerns brought forward that contradict it.

- I acknowledge that I will need to forward a copy of my City of Swift Current “Youth Certified” certificate, with my application as well that my coaching staff does the same.

Applicant Signature: _____ Date: _____

**** APPLICATION DEADLINE: JANUARY 30th, 2024****

Please forward applications to: email: presidentscmba@gmail.com

DATE RECEIVED: _____