

## Terrace Minor Softball Association P.O. Box 433, Terrace B.C. V8G 4B1

## **Coaching Application for Competitive Teams**

Name:			Date of Birth			
Address		NCCP#				
City		Home Association				
Phone Nur		Email Address				
Division/ T	eam you are a	pplying for:				
			<b>/-</b> 1			
What are yo	aching qualification	ns: (Please check off all that apply from list below)				
			Trained	Certifi	fied Registered/Not Completed	
Communit	• • • • • • • • • • • • • • • • • • • •					
Competitiv	nt (Comp Dev 1)					
Competitiv	nt (Comp Dev 2)					
Coaches Po	ortfolio					
On Field Ev						
Community Coaching						
Making Ethical Decisions						
First Aid						
• Plea	ase note that in	complete qualificatio	ns may lin	nit the appl	lication process	
Date of las	ord Check:					
Date of Las	Sector Screening:					
		pleted prior to subm	itting this	application	n.	
Please provi	ide your coach	ning experience fro	m the last	3 years		
Year	Sport	Division & Level	Association		Notable Accomplishments	
Who is you	ir proposed b	ench staff?				

<sup>\*</sup>References may be required – Interviews by an impartial committee may be utilized to aid in the selection process.