

APPLICATION TO COACH OR ASSISTANT COACH A TEAM (v 0.4 8/18/08)

Conejo Youth Basketball Association

(Applicants Must Complete All Items and Sign Application.)

Mail to: CYBA, P.O. Box 6966, Thousand Oaks, CA 91360.

1. Name: _____ Age: _____ DOB: _____

2. Address: _____ City/Zip _____

3. Telephone (Home): _____ (Work): _____

4. E-Mail: _____

5. Number of years in this community: _____

6. Did you Coach last season? Yes / No
If Yes, what Division: _____ Team: _____

7. Names and ages of children planning to play in CYBA:

8. Name of two current active CYBA or community members for use as a reference.
Name: _____ Phone: _____
Name: _____ Phone: _____

9. Please list the age division(s) in which you would be willing to coach or assistant coach in.
Division: _____
Division: _____

10. List your basketball experience.

12. What is your philosophy about coaching basketball?

13. If appointed as a coach or an assistant coach in CYBA, I agree to the following two areas of interest and understand that if I do not comply fully with any of the following requirements I may be removed as a coach. Please initial each item.

- A) -Teaching baseball and setting a good example on and off the field _____
- Attend the CYBA Coaches Clinic _____
- Help players attain the individual and team goals set forth by CYBA _____
- Fostering a positive environment for players, parents, officials and
Volunteers, so that everyone in CYBA can enjoy Basketball _____

B) Performing the administrative tasks necessary for the League to operate smoothly. Many of these Duties can be delegated to parents, but they are all the responsibility of the coach. They include:

- Find a team sponsor _____
- Have your team on time for picture day _____
- Help to spread the word and participate in fundraisers _____
- Cleaning up the Gym as required _____

14. Have you ever been convicted of any crime(s)? Yes / No
If Yes, Explain: _____

15. Have you ever been convicted of a crime against or involving a minor? Yes / No
If Yes, Explain: _____

16. Have you ever been refused participation in any other youth programs? Yes / No
If Yes, Explain: _____

I give permission for CYBA to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that if appointed, my position is conditional upon CYBA receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability CYBA, the officers, employees and volunteers thereof, or any other person(s) or organization(s) that may provide such information. I also understand that regardless of previous appointments I may not be appointed to a volunteer coach or assistant coach position. If appointed I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors.

Signed: _____ Date: _____

Print Name _____

Conejo Youth Basketball Association will not discriminate against any person on the basis of race, creed, color, national origin, marital status, sex or sexual orientation, or disability.

Add Postage Stamp

CYBA (Conejo Youth Basketball Association)
P.O. Box 6966
Thousand Oaks, CA 91359