City of Richland Recreation Division

YOUTH BASKETBALL COACH'S APPLICATION

NAME _____
First M.I. Last

ADDRESS _____
Street City Zip

PHONE #'s _____
Home Cell Work

E-MAIL _____

SCHOOL _____Grade_____Boys or Girls_____

1. Do you have coaching experience with the Richland Recreation - Yes _____ No _____

2. How many years experience do you have as a volunteer youth coach? _____

3. Have you volunteered with other youth activities? Please describe._____

_____

_____

_____

_____

4. Do you have an Assistant Coach you would like to request?_____

Please complete this application and return to the City of Richland Background Release and Waiver from to conduct a background check. The form DOES NOT need to be notarized.

Thank you again for taking interest in the Youth Basketball Program. Have a great season and keep it fun!