

Upward Basketball Coach Application 2020-2021 Season



Section 1 (please print clearly)

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

May we text the above cell number regarding Upward Sports? Yes No

Email: _____

Date of Birth: _____ Gender: M F

Section 2 (please circle)

- | | | | | | | | |
|--|-----------------|-----------------|-----------------|---------|-----|-----|-----|
| 1. Preferred Practice Day: | Mon | Tue | Wed | Thu | | | |
| 2. Preferred Practice Time: | 4:00 pm | 5:00 pm | 6:00 pm | 7:00 pm | | | |
| 3. Polo Shirt Size: | S | M | L | XL | XXL | 3XL | 4XL |
| 4. Have you coached Upward Before: | Yes | No | | | | | |
| 5. What division(s) would you like to coach: | 1-2 Grade Girls | 3-4 Grade Girls | 5-6 Grade Girls | | | | |
| | 1-2 Grade Boys | 3-4 Grade Boys | 5-6 Grade Boys | | | | |

6. List the names of your children who will be participating in our league this season, if applicable.

| Child's Name | Grade | Gender | I plan to coach my child's team: | |
|--------------|-------|--------|----------------------------------|----|
| _____ | _____ | M F | Yes | No |
| _____ | _____ | M F | Yes | No |

7. List the name of your assistant coach, if applicable. _____

8. Do you have a personal commitment to Jesus Christ? Yes No

9. List the name of the church you attend. _____

10. If you are a business owner, would you like to become a sponsor? Yes No Maybe

Section 3

As a condition of volunteering, I give permission for Community Life Sports to conduct a background check on me as long as I continue to be active with the organization. I understand that if appointed, my position is conditional upon Community Life Sports receiving no inappropriate information on my background check. I understand that I can be removed of my position if I violate the Community Life Sports policies or principals. I understand that my personal information will be kept private and not shared with anyone outside of Community Life Sports or Billings Freedom Church.

Signature: _____ Date: _____

Please fill out the separate Authorization for Background Check form and include it with this application.

Official Use Only:

Background Check Form Completed: YES NO Approved: YES NO

Entered into ULM System by: _____ On: _____