



CALAVERAS YOUTH BASKETBALL ASSOCIATION

APPLICATION FOR VOLUNTEER COACHES

CYBA: PO BOX 1557 San Andreas, CA 95249

Print Full Name: _____ Application Date: _____

Birth Date: _____ Sex: _____

Best Contact Phone: _____ Alternate Contact Phone: _____

Email Address: _____ Drivers License # _____

Address: _____ City: _____ Zip: _____

Current Employer: _____ Employer Telephone: _____

Reason For Volunteering: _____

Name & Age of child you wish to coach: _____

List any coaching experience:

List any training in first aid:

List any training regarding teaching children/parenting:

Have you ever been charged with or convicted of a felony criminal offence? YES NO

Have you ever been involved in an incident involving child abuse/neglect? YES NO

Are there currently charges pending against you for any criminal offence? YES NO

Have you ever been charged with or convicted of any offense related to alcohol/drugs? YES NO

Would you be interested in serving on the CYBA Board? YES NO

The mission of the Calaveras Youth Basketball Association is to build, through a balanced program of practice and real game experience, a higher level of skills, health, sportsmanship, and enthusiasm for the sport of basketball in Calaveras County for youth of all abilities.

By signing below, I agree that the information I have provided is true and accurate. I also agree to uphold the ideals of the mission statement of the Calaveras Youth Basketball Association as stated above.

VOLUNTEER'S SIGNATURE: _____ DATE: _____

VOLUNTEER SHIRT SIZE (CIRCLE ONE): ADULT SM ADULT MED ADULT L ADULT XL OTHER: _____