

**GARLAND GIRLS BASKETBALL ASSOCIATION COACHES APPLICATION
2009-2010 SEASON**

Name: _____ DOB: _____

Home address: _____ How long: _____

Former address: _____ Marital Status _____

Occupation: _____ Employer: _____

Home phone: _____ Business phone: _____

Social Security No.: _____ Drivers License No. _____ State _____

Have you ever been Bonded? _____ Denied Bond? _____

Do you have your evenings free? _____ Weekends? _____

Do you have and are you willing to spend sufficient time to this endeavor? _____

Team on which you wish to coach? _____ Grade: _____

Coaching Experience: (position, type program, location)

Basketball: _____

Other Sports: _____

References: Name, Address, Zip code, Telephone# (include area code)

1. _____

2. _____

If approved by the GGBA Board for a coaching position, I will adhere to the provisions set forth in the GGBA by-laws for coach's conduct and responsibilities to the players, GGBA and the Garland Parks and Recreation Department.

On the back of this application, please give a brief statement of the philosophy of coaching as it applies to the teaching and handling of adolescents.

Date: _____ Signature: _____

ALL COACH'S APPLICATIONS ARE SUBJECT TO A BACKGROUND CHECK

ALL APPLICATIONS WILL BE KEPT ON FILE BY THE GGBA BOARD FOR THE ENTIRE
SEASON (1 YEAR) AND ARE NOT RELEASED FOR PUBLIC REVIEW

Mail Application to:

Garland Girls Basketball Association

P.O. Box 462212

Garland, TX. 75046-2212