

# Girls Athletic League of Softball

## 2017 COACHES APPLICATION FORM

1. Use pen and please print on **original** application form.
2. Photocopies or fax copies will **not** be accepted. Submit the original application form.
3. **Completed application forms** send to: **GALS, PO Box 2490, Santa Cruz, CA 95063.**
4. All Coaches and Assistant Coaches must COMPLETE

NAME: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Driver License #: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ ACE ID #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
In which division would you like to participate: Instructional  Elementary  Senior

In which position would you like to participate: Head Coach  Assistant Coach   
Community Affiliations (clubs service organization, ect.) \_\_\_\_\_

Do you have any children in the program?  Yes  No If Yes Instructional  Elementary  Senior   
Special Certifications: (ie. CPR ,Medical,ect) \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime:  Yes  No  
If yes describe each in full: \_\_\_\_\_

Have you ever been refused participation in any other youth programs?  Yes  No  
If yes explain: \_\_\_\_\_  
Please list two references, at least one of which has knowledge of your participation as a volunteer in a youth program  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*As a condition of volunteering, I give permission for the GALS organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the GALS organization, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, GALS is not obligated to appoint me to a volunteer 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 for violation of GALS policies or principles*

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*NOTE: GALS will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

**Completing this form does not guarantee a coaching position – Application due no later then 4/12/2012  
Coaches will be approved by Board of Directors – Coaches will be notified week of 5/21/2012 or earlier**