



GWMAA BASKETBALL COACHING APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ DAYTIME CONTACT NUMBER: _____

DATE OF BIRTH: _____ DRIVERS LICENSE NO.: _____ STATE: _____

E-MAIL ADDRESS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. **Have you ever been convicted of a felony within the past ten years?** Yes No
If Yes, Please explain:

2. **How long have you been a resident of Brevard County?** Years:____ Months:____

3. **Have you coached in any other league/organization?** Yes No
If Yes, Please explain:

4. **Have you ever been asked to leave or been suspended by other league/organization?** Yes No
If Yes, Please explain:

5. **I understand all of the following:**

- A. No verbal or physical abuse will be tolerated.
- B. There is zero tolerance for the use or distribution of drugs and alcohol within GWMAA basketball.
- C. All the information given on this application by me is true and correct to the best of my knowledge.
- D. The league/organization for which I am applying to coach will be solely responsible for my approval or disapproval for coaching within that same league/organization.
- E. A copy of this approved/disapproved application will be maintained by GWMAA basketball for record keeping purposes.
- F. If approved to coach, I am aware that I must abide by any and all rules of GWMAA basketball. If these rules are not provided to me, it is my responsibility to obtain these rules from the GWMAA basketball president.
- G. Any and all violations of these rules, as decided by GWMAA basketball, may result in my immediate dismissal from coaching.
- H. Any and all appeal processes must be complied with when applicable.

Applicant Signature:	Date:
Approved/Disapproved:	
GWMAA Basketball President:	Date:

