City of Oakwood Parks and Recreation Youth Sports
Volunteer Coaches Application

Date of Application: _____ Sport applying to Coach _____

Age Group Preference: ☐ Pre K–K ☐ 1st–2nd Grade ☐ 3rd–4th Grade ☐ 5th–6th Grade

Do you have children in League? ☐ Yes ☐ No if so, Child's Name: _____

Preferred Position: ☐ Head Coach ☐ Assistant Coach

If applying as an Assistant Coach, is there a specific coach you would like to assist with?

_____

APPLICANT NAME: _____ Date of Birth: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

(Best Contact #) _____

Email: _____ (OCC communicates heavily by email)

Are you available to attend majority of practices and games according to the league schedule?

☐ Yes ☐ No

Have you ever coached with the Oakwood Community Center Before? ☐ Yes ☐ No

If yes, what sport(s) and year(s)?_____

Describe your coaching philosophy?

_____

_____

Why do you want to coach youth sports?

_____

_____

Have you ever attended/completed any coaching training? ☐ Yes ☐ No

If yes, please list:

_____