



SALEM BASKETBALL LEAGUE

Coach Application

Return this Application to the office at Salem Baptist Church.

Name: _____

Address: _____

Phone: _____(home/mobile)

Email: _____

Date of Birth: _____

Gender: M / F

Mark which league you prefer to coach:

<u>Division</u>	<u>Boys</u>	<u>Girls</u>
Kindergarten	_____	_____
1 st & 2 nd Grade	_____	_____
3 rd – 5 th Grade	_____	_____
6 th – 8 th Grade	_____	_____
9 th – 12 th Grade	_____	_____

What are your available practice days?

Mon Tues Thurs Fri

What are your available practice times?

5pm 6pm 7pm 8pm

What is your tshirt size?

Men: S M L XL 2XL 3XL 4XL

Women: S M L XL 2XL 3XL

Have you ever coached with us before? Y / N

Are you an active member of a local church? Y / N If yes, where?

Have you made a personal commitment to Jesus Christ? Y / N

Please share a little about your relationship with Jesus: _____

Please list your children who will be playing this year

<u>Child's Name</u>	<u>Grade</u>	<u>Gender</u>	<u>I plan to coach my child</u>
_____	___	M / F	Y / N
_____	___	M / F	Y / N
_____	___	M / F	Y / N
_____	___	M / F	Y / N

I understand that I am applying for a role that will influence a child's spiritual development. With participants placed under my guidance, I commit to supporting the mission of Salem Baptist Church and their basketball league and providing a good example for the participants. If selected, I may be asked for further information to complete my application.

Signature: _____

Date: _____

Salem Baptist Church
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Dobson, NC 27017
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(336) 374-4419