



SFL Youth Basketball Coaches Application

General Information

Name _____ D.O.B. _____

Social Security Number _____

FL Driver's License Number _____

List All Residential addresses for past 7 years

(1) Address _____

City _____ State _____ ZIP _____ From: _____ To: Present

(2) Address _____

City _____ State _____ ZIP _____ From: _____ To: _____

(3) Address _____

City _____ State _____ ZIP _____ From: _____ To: _____

E-mail Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Occupation _____

Gender you are apply for: Male Female

Age Group(S) you are interested in Coaching: 4-6, 7-8, 9-10, 11-12, 13-14, and 15-17

Coaching/Director Experience (*please notate experience in number of years*)

Coaching Experience (all sports) _____

Recreational Basketball _____

Other Experience _____

Child in Program Yes No

If yes, please provide the following additional information:

Name: _____ D.O.B.: _____

Age: _____ Grade: _____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF **VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF SOUTH FLORIDA YOUTH BASKETBALL LEAGUE.**

Signed this _____ day of _____, 20____

Applicant (Print Name) _____

Applicant Signature _____