



# Coach's Application 20\_\_\_\_\_

CS Thunder Girls Fastpitch Association  
2198 Diamond Creek Dr  
Colorado Springs, CO 80921

Coach Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In the last 7 Years, have you been convicted of a felony, awaited trial, served any sentence or probation for any felony or serious misdemeanor other than a minor traffic violation? ( ) YES ( ) NO If Yes, give date and nature of convictions:

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TEAM NAME \_\_\_\_\_

Did you coach in CST last year (circle one)? Yes No Team Name \_\_\_\_\_

Age Group you would like to Coach:

(10U)\_\_\_ (12U)\_\_\_ (14U)\_\_\_ (16U)\_\_\_ (18U)\_\_\_ Class A B C

List the organized sports in which you have participated, or previous experience that may be helpful as a coach:

Sport	Organization

Have you ever been relieved from a coach/assistant coach position or placed on probation by any league or sport organization? ( ) Yes ( ) No If yes, explain: \_\_\_\_\_

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Please list Residence Information for Past Five (5) Years

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Please List Employment History (Past Five (5) Years)

Employer	Address	Telephone #	Dates of Employment

References: Must list three (3) references that are not relatives.

Name	Address	Telephone #	Relationship

As a Coach/assistant coach, I will:

1. Follow the CST By-Laws, Code of Conduct, and Standing Rules.
2. Attend any and all training classes or seminars provided by the CST.
3. Support whatever fund raising events deemed necessary to support the CST.
4. Consider all decisions of the CST Executive Committee to be final and binding.

I have read and agree to abide by the above regulations. I also understand that any false or misleading statement in this application may be grounds for immediate dismissal or denial of a coach or assistant coach position. I also hereby do grant and authorize the CS Thunder Girls Fastpitch Association, or any entity they choose, the right to access information contained in this application as well give permission to do a criminal history background check. All information contained in this application is solely for the use of CST purposes and will not be released to any other entity.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



TO BE COMPLETED BY LEAGUE OFFICIALS

ASSIGNED TO LEAGUE \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

HEAD COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_

SIGNATURE SELECTION COMMITTEE MEMBER: \_\_\_\_\_

SIGNATURE OF ASSOCIATION PRESIDENT: \_\_\_\_\_