



GSMAA DIRECTOR/COACHES APPLICATION

www.gsmaa.org

Name of Applicant: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email _____

List children in this program and ages: _____

Emergency Contact & Phone Number: _____

Place of Employment: _____ Phone _____

How long have you lived in the area: _____

Previous coaching experience NOT REQUIRED but please list any you have: _____

Do you have any medical, CPR or First Aid experience (if yes please explain)? _____

Please list 3 personal/character references and contact phone numbers: : _____

Have you ever been charged or convicted of a felony or misdemeanor? _____

If yes, please explain: _____

I understand that the GSMAA organization provides a safe and wholesome experience for all participants. Therefore, I certify that the above statements are correct and I give permission for the organization to verify all information. I also understand that GSMAA reserves the right to obtain background checks on all Directors, Coaches and Assistant Coaches at their discretion.

Signature: _____

Date: _____