

MESSALONSKEE AREA YOUTH SOFTBALL
COACH APPLICATION/QUESTIONNAIRE

Please complete this form if you would like to be considered as a Coach or Asst. Coach for the upcoming season for 10-U, 12-U, 14-U, 16-U or 18-U. Deadline for application is by team tryouts which is usually on the first weekend of May.

Please attach a 2in X 2in photo to this application.

Personal Information

Name: _____
Address: _____
Phone - Home: _____ Work: _____
Cell: _____ E-mail: _____

Position applying for (circle) COACH ASST COACH (to _____)

Age group (circle) 10-U 12-U 14-U 16-U 18-U

Highest softball certification you currently hold (if any):

List any specialty clinics you have taken _____

Experience:

Coaching with MAYSA or other local organizations (enter number of seasons)

Intramural _____ Travel _____ Club _____ Player _____ Referee _____

Other: Town _____ Years _____ At what level _____

Most recent coaching position you have held - _____

Do you have a daughter(s) currently playing for MAYSA _____?

At what level(s) _____

In what other way other than coaching have you contributed to MAYSA? (Ex: volunteer work, board position, etc)

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PLEASE READ BEFORE SIGNING

ALL ASSIGNED COACHES ARE REQUIRED TO FOLLOW ALL MESSALONSKEE AREA YOUTH SOFTBALL ASSOCIATION (MAYSA), AND ASA GUIDELINES, RULES AND REGULATIONS.

WHEN THERE IS MORE THAN ONE CANDIDATE FOR A PARTICULAR COACHING POSITION, THE MAYSA BOARD OF DIRECTORS MAY CONDUCT INTERVIEWS TO MEET AND SPEAK WITH THE CANDIDATES PERSONALLY. THE FINAL DECISION WILL BE BASED ON WHICH CANDIDATE BEST MEETS QUALIFYING FACTORS*, AS WELL AS THE EXPECTATIONS OF ALL GUIDELINES AS PUT FORTH BY MAYSA AND ASA. THE MAYSA BOARD OF DIRECTORS APPROVE ALL COACHES AND ASST. COACHES.

ASSIGNED COACHES ARE EXPECTED TO COMMUNICATE THROUGH THE APPROPRIATE CHAIN OF COMMAND (MAYSA President/Board of Directors) REGARDING ANY TEAM, ROSTER, GAME, PARENT AND REFEREE ISSUES.

***Qualifying Factors:**

All factors are considered as a whole. A review will be conducted of any past documented incidents that may have affected the association positively or negatively.

- 100% SUPPORT, ACCEPTANCE AND ADHERANCE TO THE ZERO TOLERANCE POLICY (copy attached)
- BEHAVIORAL ROLE MODEL FOR PLAYERS
- TRACK RECORD OF SUPPORTING THE ADMINISTRATIVE TASKS AND ESTABLISHED ORGANIZATIONAL DEADLINES
- LACK OF ON AND OFF FIELD PROBLEMS
- EXPERIENCE
- PARENT/COACH
- TRAINING (Agree to obtain or begin the process of obtaining the appropriate certification for the position applied for as set forth by the Board of Directors of MAYSA). Coaches are urged to attend at least one coaching or specialty clinic per softball year.
- AGREE TO SUCCESSFULLY COMPLETE THE ASA MANDATED CERTIFICATION

I AGREE AND SUPPORT THE STATEMENTS AND GUIDELINES OF MAYSA. BY TENDING MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND AGREE TO ALL TERMS. FAILURE TO UPHOLD THE STANDARDS AS STATED ABOVE COULD RESULT IN MY IMMEDIATE WITHDRAWAL FROM COACHING/ASST. COACHING.

SIGNED: _____ DATE: _____

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(Use back of paper if more room is needed)

Please use this section to explain why you are applying to coach a team for Messalonskee Area Youth Softball?

What is your coaching philosophy?

Why do you feel that you would be the most qualified candidate for this coaching position?