



Provincial Coach Development Advisory Committee Application

Softball BC is pleased to announce the formation of a new advisory committee, working with the Director of Coaching, called the Provincial Coach Development Committee. Softball BC's Coaches program mandate is to create and implement coaching development programs that improve and enhance the quality of Softball Coaching in British Columbia. Successful candidates will take a leadership role in the development of the Coaching Program in BC, and will assist the Director of Coaching in setting program goals and objective, representing the Coaching Program and working to provide coach education in the Province of British Columbia.

NAME:

ADDRESS (INCLUDING POSTAL CODE):

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

EMAIL ADDRESS:

SOFTBALL BC NUMBER:

NCCP NUMBER:

EXPERIENCE

SOFTBALL COACHING EXPERIENCE –if Applicable (list in order starting with the most recent)

YEAR	ASSOCIATION OR TEAM	AGE GROUP	POSITION



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SOFTBALL PLAYING EXPERIENCE, *if Applicable*: (list in order starting with the most recent)

YEAR	ASSOCIATION OR TEAM	AGE GROUP	POSITION

PLEASE DESCRIBE YOUR COACHING PHILOSOPHY AND WHY YOU FEEL YOU WOULD BE AN ASSET IN THIS POSITION:

PLEASE INCLUDE A BRIEF OUTLINE OF YOUR EXPERIENCES AND EXPERTISE FROM OUTSIDE THE SPORT YOU FEEL ARE VALUABLE TO THE IMPLEMENTATION AND CREATION OF UPDATED COACHING DIRECTIONS.



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Undertaking

- I hereby consent to the disclosure of the information contained within this application.
- I hereby acknowledge the authority of Softball BC and agree to carry out and abide by their constitution, bylaws, rules and regulations.
- I hereby agree to familiarize myself with the NCCP requirements for coaching minor softball and ensure that I maintain the required level of certification for this position.
- By way of this application, I acknowledge that I am responsible for obtaining a Criminal Record Check should my application be successful. .

REFERENCES:

Please provide 3 coaching references:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Signature of Applicant: _____
(Date)

Softball BC Use Only:

Criminal Record Check has been received and is satisfactory: _____ Y _____ N

Date of CRC: _____ Expires: _____

Notes: