



Foothill-SLAM NJB  
 Attn: Coaching Coordinator  
 P.O. Box 3008  
 Los Altos, CA 94024  
 www.njb-slam.org

Chapter: Sunnyvale-Los Altos-Mountain View  
 Head Coach  Asst. Coach  
 Boys  Girls  
 All-Net  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  
 Division  D1  D2  D3  JV  Varsity

## COACH'S APPLICATION FORM

It is required that the local chapter board utilize this form for all coaches. Chapters should select the best available adult with leadership qualities for positions in the league to benefit all NJB participants. This is a mandatory part of each chapter's screening process.

### PLEASE TYPE OR PRINT CLEARLY

**YOUR NAME:** \_\_\_\_\_ **(Check one) MALE:**  **FEMALE:**   
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**HOME PHONE :** ( ) \_\_\_\_\_ **EMERGENCY PHONE:** ( ) \_\_\_\_\_ **T- SHIRT SIZE:** \_\_\_\_\_  
**SOCIAL SECURITY #:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

List previous youth recreation leadership experience: \_\_\_\_\_

Have you ever been accused or convicted of a felony? Yes  No  (if yes, please explain) \_\_\_\_\_

Have you ever been registered for any offense under 290 C.P.C, sexual offender registration (or equivalent penal code in your state)?  
 Yes  No  If yes, please explain and give date: \_\_\_\_\_

Have you ever been involved with any other youth program? Yes  No  If yes, please give details: \_\_\_\_\_

Have you, to your knowledge, ever had any complaints against you regarding your behavior? Yes  No  If yes, please explain and give date: \_\_\_\_\_

Have you been involved in any other position with NJB? Yes  No  If yes, please give details: \_\_\_\_\_

**PREREQUISITE FOR CHAPTER PERSONNEL:** It is forbidden to use profanity, alcohol, or nonprescription drugs during the regular league games, practice sessions, or during league activities which include the attendance of the one or more NJB participant(s). Please understand that this organization is a nonprofit group. It is important that this form be completed in a truthful and accurate fashion. You are certifying the completeness and truthfulness of this information. Forms which are not completed in full may be rejected. Please read this form and, as appropriate, initial and sign where provided.

\_\_\_\_\_  
**INITIAL** For valuable consideration through participation in, or for, the NJB program; I hereby irrevocably consent to, and authorize the reproduction by National Headquarters, or anyone authorized by them, or any and all photographs of me by any photo medium, including video tape, for normal program purposes for the current year.

\_\_\_\_\_  
**INITIAL** I will comply with the Administrative Rules and Regulations of this NJB Chapter as well as those of National Headquarters for the current year. I understand that this appointment is for the duration of the current season unless revoked sooner by the Local Board of Directors or by the National Headquarters.

\_\_\_\_\_  
**INITIAL** I understand that I may be subject to a background investigation that includes, without limitation, fingerprinting and submission of my information to the Department of Justice for evaluation. By submitting this application, I am consenting to such a background check; the evaluation and discussion by appropriate individuals within the National Headquarters and responsible NJB Chapter of any information that is disclosed thereby; and the notifications required by California Penal Code Section 11105.3.

\_\_\_\_\_  
**INITIAL** I understand that NJB has a "zero tolerance" policy with respect to felony convictions for any offenses disclosed by the Department of Justice records search under California Penal Code Section 11105.3, including similar offenses under different statutes in other jurisdictions (or equivalent penal code in your state). The National Organization has the right to reject an application or revoke coaching privileges for any coaching applicant for offenses disclosed by the Department of Justice records search without regard to mitigating circumstances.

\_\_\_\_\_  
**INITIAL** I understand that if it is determined that any of the information that I submit on this application is materially false, inaccurate or misleading, my application may be rejected and/or my coaching privileges immediately revoked.

\_\_\_\_\_  
**INITIAL** I will attend the National Coaches Clinic. I understand and take responsibility for knowing the NJB rules. I will be a positive role model during the season and adhere to the sportsmanship "Blue Card" policy.

I certify that the information I have provided on this form is complete, true, and correct.

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### ----- FOR LOCAL CHAPTER USE -----

This application was reviewed by the chapters Board of Directors at a meeting held on: Date: \_\_\_\_\_

Location: \_\_\_\_\_ Action taken: Accepted  Rejected  Filed  Postponed

President's Signature \_\_\_\_\_ Chapter Director's Signature \_\_\_\_\_ rev: 07/20/06