



## VOLUNTEER HEAD COACH FORM

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COACHES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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AGE GROUP WANTING TO COACH: \_\_\_\_\_ BOYS: \_\_\_\_\_ GIRLS: \_\_\_\_\_

WILL YOU BE COACHING YOUR OWN CHILD? YES NO

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

HAVE YOU EVER COACHED BEFORE? YES NO

IF "YES" PLEASE LIST LAST SPORT(S) YOU COACHED: \_\_\_\_\_

HAVE YOU EVER COACHED IN THE CITY OF CALABASAS LEAGUE? YES NO

IF "YES" HOW MANY YEARS? \_\_\_\_\_

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Volunteering as a head coach is a time commitment. To coach in our youth league anticipate the league running between 8 to 10 weeks long, practices scheduled once a week for an hour, league games and email correspondence with parents. Expect dedicating a minimum of five hours a week for your team. I understand the time commitment I am making by volunteering to head coach a team. \_\_\_\_\_ (please initial)

Please give me a brief statement about your coaching philosophy.

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

**PLEASE RETURN TO MALIK DIGGS**  
EMAIL: [mdiggs@cityofcalabasas.com](mailto:mdiggs@cityofcalabasas.com)