



Sharon Recreation Department
 Recreation Basketball
COACH APPLICATION

Name: _____ Date of Birth: _____

Address: _____

E-mail: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best way to contact you (please circle): E-mail Home Work Cell

Do you have a child in the program (please circle): YES NO

If yes, child's name: _____ Grade: _____
(Please specify gender)

What are you applying for (please circle):

Coordinator Head Coach Assistant Coach Grade: _____

Why do you want to coach?:

Please explain your playing and/or coaching experience:

Signature*: _____ Date: _____

**By signing this application, I agree to abide by all the rules and policies of the Sharon Recreation Department.*

Please return completed form to:
 Sharon Recreation Department
 219 Massapoag Ave.
 Sharon, MA 02067

Please submit this form along with a CORI form.

Your application will be reviewed and the Volunteer Program Coordinator will contact you about possible team placement.