



# A-Town Hoops

A Non-Profit Organization  
 UBI # 602-616-544 EIN # 35-2418404

## 2011 Head Coach Application

***This form must be filled out completely. Failure to do so may result in rejection of the application!***

Complete and return to: **A-Town Hoops 526 N West Ave. #83, Arlington, WA 98223** or any board member.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(Circle the appropriate answers below)*

<b>Are you willing to submit to a Washington State Patrol background check at A-Town Hoops expense?</b>								Yes	No
<b>Will you have a child participating in the program this year?</b>								Yes	No
<b>Grade applying for:</b>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8th	<b>Division</b>	WESCO	SWISH	
<b>Position applying for:</b>	Head		Asst						

**Experience:** *(Insert No. of Years into each applicable box, Grade School, etc)*

**References:**

Years Played Basketball	G.S.	H.S.	Col.	Pro					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Years Head Coached Basketball	G.S.	H.S.	Col.	Pro					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Years Asst Coached Basketball	G.S.	H.S.	Col.	Pro					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Years Coached other Sports	G.S.	H.S.	Col.	Pro		G.S.	H.S.	Col.	Pro
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**List Certificates / Clinics:**

**Date:**


Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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1. As a Coach have you been reprimanded, had disciplinary action taken against you, or had been removed from your coaching duties? If yes, please describe in detail. Sport, Date, Situation, and provide a reference from the person/s handing the discipline.
2. Briefly explain why you are interested in being a Head Coach
3. Will you commit to attending coaching clinics if applicable?
4. Explain what you hope to achieve and teach the players.
5. Do you agree with selecting the best possible talent to staff teams? Explain
6. What is your philosophy regarding playing time?
7. How would you define a successful season.
8. Are you willing to adopt the current High School terminology, philosophy and plays?



**WASHINGTON STATE PATROL**  
**Washington Access to Criminal History (WATCH)**  
**New Account / User Application**

**Criminal Records  
 Division**

Mail to: WATCH  
 Identification & Criminal History Section  
 PO Box 42633  
 Olympia, WA 98504-2633

Fax to: (360) 534-2073

Questions: Call (360) 534-2000 option #2  
 or e-mail [watch.help@wsp.wa.gov](mailto:watch.help@wsp.wa.gov)

The WSP will e-mail your assigned account number, user name, and password. Please retain a copy for your records. You may enter electronically or print.

<b>AGENCY – REQUEST (select one)</b>	
<input type="checkbox"/> <b>NEW ACCOUNT</b> <input type="checkbox"/> <b>NEW USER</b> Existing WATCH Account Number _____ <b>Skip to User Information</b>	
<b>NEW ACCOUNT (select one)</b>	
<input type="checkbox"/> <b>NON-PROFIT – Child/Adult Abuse Information (free to registered non-profit agencies)</b> <b>NOTE: Please provide proof of non-profit status by providing a copy of your 501(c)3 form.</b>	
<input type="checkbox"/> <b>PROFIT BUSINESS/ORG (\$10.00 fee) General Criminal Conviction Information.</b> <input type="checkbox"/> <b>STATE AGENCY – Background Check:</b> <input type="checkbox"/> Paid by Agency <input type="checkbox"/> Collect Fee from Applicant <b>(Must check at least one box)</b>	
<b>AGENCY INFORMATION (For New Accounts)</b>	
Organization _____	Federal Tax ID No. (EIN) _____
Address _____	
Street _____	Apt./Suite _____
City _____	State _____ ZIP _____
Primary Administrator _____	
Printed Name	
<b>PRIMARY ADMINISTRATOR OR USER INFORMATION (see next page to add additional users)</b>	
User Name _____	
First _____	Middle Initial _____ Last _____
Organization Address _____	
Street _____	Apt./Suite _____
City _____	State _____ ZIP _____
Phone No. ( ) _____	Ext. _____ E-Mail Address _____
<b>CERTIFICATION</b>	
I certify that the information I have provided on this form is true and complete. I understand I will be billed \$10 (ten dollars) per background check initiated through WATCH, regardless of the results of the check, and the invoice for this service is payable upon receipt. I also understand that this background check fee will be waived for non-profit organizations registered in Washington State, pursuant to the Child/Adult Abuse Information Act (RCW 43.43.830 through 43.43.845).	
_____ Primary Administrator/User Signature	_____ Date
_____ Primary Administrator/User Printed Name	_____ Title