

BRAINERD LAKES AREA BASEBALL ASSOCIATION, INC.
2019 Coaches Application

Name: _____ Contact Phone Number: _____

Address: _____

Email address: _____

Age group applying for (check one):

9U 10u 11U 12U 13U 14U

Position applying for (check one):

Head Coach Assistant Coach Either

Please answer the following questions thoroughly and truthfully.

1. Tell us about your coaching experience (baseball or other sports) or experiences working with and leading groups of youth.

2. Share why you would like to be a coach with the BLABA.

3. One of the greatest qualities of a coach is the ability to communicate. Share your beliefs and communication style with both players and parents.

4. Recount an experience where you had to diffuse a situation with an upset player or disgruntled parent or fan. What did you do and what could you do differently?

5. Describe how you would conduct a typical practice that you would run. Where do you find resources for practice plans? Would you like ideas and suggestions?

6. If applying as a head coach, you will be working closely with an assistant coach(s). List some of the responsibilities you would keep and those you would delegate.

7. List some key measures and/or outcomes that would indicate that you have had a successful season as a coach?

8. BLABA believes our coaches should attend a coaches program that we would make available. Are you willing to attend this training? (Information regarding this will be available soon)

****Brainerd Lakes Area Baseball Association requires background checks on all coaches; your application for coaching is your acknowledgement of this. By filling out this application, you agree to follow all rules and policies outlined per the Brainerd Lakes Area Baseball Association. ****

Applicant Signature _____ Date: ____ / ____ / ____

Printed Name _____

Please email completed application to BLABA Board of Directors:

brainerdbaseball@gmail.com

Thank you for your commitment to Brainerd Lakes Area Youth Baseball