



## Kennedy Boys Traveling Basketball Coaching Application

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

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Coaching Grade: \_\_\_\_\_

---

1. Will you have a son participating in our program in 2017-2018?
2. Have you had a son previously participate in the traveling basketball program?
3. Are you willing to give permission to a criminal background check?
4. Have you previously completed concussion training? If not, are you willing to complete the online certification?
5. What is your basketball background as a player or coach?
  
6. What experience have you had in coaching basketball? Any other relevant coaching experience?
  
7. What is your coaching philosophy?

8. What is your philosophy regarding playing time for team members?

9. Do you have a preferred assistant coach? How do you view the role of the assistant coach?

10. What other attributes or qualities do you possess that the selection committee should consider?

REFERENCES: Please provide references

Reference Name	Relationship	Contact Phone	Contact Email

Please submit application to:

Email: [info@kennedybasketball.org](mailto:info@kennedybasketball.org)

Send to: Kennedy Boys Traveling Basketball  
PO Box 20606  
Bloomington, MN 55420

**Call for more Information:** Terri Sullivan Biehn  
952-582-1160