Kadena Youth Sports & Fitness Program
Coach's Packet

Please fill out this packet if you have never coached with Kadena Youth Sports & Fitness before and you are affiliated with the US Armed Forces or are a Civilian.

Attached are two reference forms that you are to have filled out by two of the three references that you will list on your application. Once completed, please return to our office.

When you return your application please provide a copy of your **Shot Records** and **CPR /First Aid** certification. If you are **NOT** CPR Certified, First Aid **WILL** be covered in your training and a CPR certified staff member will be on the fields, should it be needed.

Please note that we need all forms turned in for your application to be considered complete and to be processed.

If you have any questions, please call Kadena Youth Sports & Fitness at 634-9126 or email 18FSS.FSFYS.youthsports@us.af.mil.

Kadena Youth Sports & Fitness Program

Volunteer Coaching Application

Current Season Applying For: _____

Did you coach this sport with Kadena Youth Sport & Fitness during previous season? _____

Name _____ Date of Birth _____

Mailing Address _____ APO/FPO ZIP _____

Home Phone _____ Duty Phone _____

Primary E-mail Address _____ Alternate _____

Branch of Service: _____

Rank: _____ Office Symbol (if applicable) _____ Unit: _____

Coaching Position Requested: Head ◯ Assistant ◯

Age Division Requesting: (Please Circle One) 5-6 ☐ 7-8 ☐ 9-10 ☐ 11-12 ☐ 13-15 ☐ 16-18 ☐

Have you previously coached with Kadena Youth Sport & Fitness other than for the sport in which you are currently applying?

Do you have a Head/Assistant Coach with whom you would like to coach with if possible? _____

Are there any nights on which you CAN NOT practice? _____

Do you have child playing in the age division that you are requesting to coach? -

Child's Name (First/Last): _____

References: List three (3) references not related:

1. Name: _____ Address: _____

   Phone: _____ E-Mail: _____

2. Name: _____ Address: _____

   Phone: _____ E-Mail: _____

3. Name: _____ Address: _____

   Phone: _____ E-Mail: _____

KADENA AIR BASE FORCE SUPPORT SQUADRON

Kadena Youth Sport & Fitness Program

DEPARTMENT OF AIR FORCE YOUTH PROGRAMS Air Force Services

Have you ever been arrested, charged, or convicted of a crime? No If yes, Please explain the details:

_____

Have you ever been involved in an incident involving child abuse or neglect? No If yes, Please explain the details:

_____

Have you ever, or do you currently have a problem with drugs and/or alcohol? No If yes, Please explain the details:

_____

What experience do you have working with Children?

_____

_____

List Sports you have coached:

Type of Sport: _____ Age Division: _____

Organization/league: _____ Number of Season: _____

Type of Sport: _____ Age Division: _____

Organization/league: _____ Number of Season: _____

Type of Sport: _____ Age Division: _____

Organization/league: _____ Number of Season: _____

List any formal training you have received in coaching: _____

List any formal training you have received in first aid or CPR: _____

I acknowledge that the information I provide is true and accurate:

Print Name: _____

Signature: _____

Date: _____

Kadena Youth Sports & Fitness Program

Reference Check:

Name of coach: _____

I. For candidates with experience working with children:

a. How would you describe the candidate's knowledge of appropriate practice and program activities? _____

_____

b. Does the candidates enjoy working with children and do children enjoy being with the applicant? _____

_____

c. How would you describe the candidate's ability to relate to parents? _____

_____

II. For all candidates:

a. How would you describe the candidate's ability to get along with others? _____

_____

b. Does the applicant accept responsibility and follow through on assignment? _____

_____

c. Is the applicant honest and trustworthy? _____

_____

d. How would you describe the candidate's work-habits, punctuality, attendance, and attitude? _____

e. Would you recommend this person to be a Youth Sports Coach? _____

III. This candidates is rated with a:

◯ a. Favorable recommendation

◯ b. Unfavorable recommendation

Printed Name: _____

Signature: _____

Date: _____

KADENA AIR BASE

FORCE SUPPORT SQUADRON

Kadena Youth Sports & Fitness Program

DEPARTMENT OF AIR FORCE

YOUTH PROGRAMS

Air Force Services

Reference Check:

Name of coach: _____

I. For candidates with experience working with children:

a. How would you describe the candidate's knowledge of appropriate practice and program activities?_____

_____

b. Does the candidates enjoy working with children and do children enjoy being with the applicant? _____

_____

c. How would you describe the candidate's ability to relate to parents? _____

_____

II. For all candidates:

a. How would you describe the candidate's ability to get along with others? _____

_____

b. Does the applicant accept responsibility and follow through on assignment? _____

_____

c. Is the applicant honest and trustworthy? _____

_____

d. How would you describe the candidate's work-habits, punctuality, attendance, and attitude? _____

e. Would you recommend this person to be a Youth Sports Coach? _____

III. This candidates is rated with a:

◯ a. Favorable recommendation

◯ b. Unfavorable recommendation

Printed Name: _____

Signature: _____

Date: _____

KADENA AIR BASE
FORCE
SUPPORT SQUADRON

Kadena Youth Sports & Fitness Program

DEPARTMENT OF AIR FORCE
YP
YOUTH PROGRAMS
Air Force Services

PHILOSOPHY

Our philosophy is that youth sports participants are most successful in environments that are positively challenging, supportive, safe, an adult supervised. This is achieved by creating a wide array of opportunities for youth to participate in organized recreational, social, educational, developmental and physical activities.

Our goal emphasis is on participation by youth and teens in age appropriate individual and group activities throughout the respective program m we offer.

Signature_____

Date_____

NAYS | Coach Training & Membership

COACH EXAM

These questions are meant as a review to help you understand the important information presented during the training video, as well as all the benefits of your NAYS membership. Your NAYS representative has the answer key to review these questions with you.

Name:_____ Sport: _____ Date:_____

1. Which of the following should be a goal of a volunteer coach?
- a) Helping every child on the team learn and improve
- b) Teaching all players how to handle success and failure
- c) Making sure every child has fun
- d) All of the above

2. Which of the following is the best reason for volunteering to coach?
- a) To showcase my child in the hopes of furthering their playing opportunities
- b) To be a positive role model for all the players on my team
- c) To make sure my child gets the playing time that they deserve
- d) Because I was good at the sport I am coaching

3. When coaching kids, it is important to stress which of the following?
- a) Focusing on the process of learning and developing skills
- b) Instilling a win-at-all-costs attitude in my players
- c) Motivating players through fear and intimidation
- d) Both B and C

4. When conducting practices, it is important that coaches are:
- a) Prepared
- b) Passionate
- c) Positive
- d) All of the above

5. Which of the following should NOT be a part of any practice?
- a) Long lines and lots of standing around
- b) Complimenting players
- c) Teaching teamwork
- d) Providing feedback

6. It is important to do which of the following when speaking to your players during games?
- a) Choose words carefully
- b) Be aware of tone of voice and body language
- c) Speak loud enough so all the parents can hear
- d) Both A and B

7. During games coaches should always make sure to emphasize which of the following to their players?
- a) Good sportsmanship
- b) Respecting officials
- c) Doing your best
- d) All of the above

8. A proper cool down after practice:
- a) Involves high intensity activity, like sprinting
- b) Helps recovery for the next day
- c) Involves light jogging and stretching
- d) Both B and C

9. If a child suffers a bloody nose what should a coach do?
- a) Remove him/her from the practice or game
- b) Apply ice
- c) Notify the child's parents
- d) All of the above

10. Which of the following is a good pre-game snack for a young athlete?
- a) Piece of fruit
- b) Cheeseburger
- c) Cupcake
- d) All of the above

11. What are the signs that an athlete may be dehydrated?
- a) Dizzy
- b) Headache
- c) Dry mouth and thirsty
- d) All of the above

12. At the conclusion of games what should coaches and their teams do?
- a) Review every mistake that was made during the game
- b) Shake hands with opposing players and coaches
- c) Talk to the officials about the calls that didn't go their team's way
- d) None of the above

13. Which free trainings do NAYS coaches have access to through their Member Page?
- a) Bullying Prevention
- b) Coaching Children with Mental Health Challenges
- c) Protecting Against Abuse
- d) All of the above

14. What is the function of the online Coach Rating System that is included with your membership?
- a) To get honest and anonymous feedback from parents
- b) To pinpoint areas where I may need improvement as a coach
- c) To allow the league to see how I am doing in the eyes of the parents of the children I am coaching
- d) All of the above

Coaches' Code of Ethics

I hereby Pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' Code of Ethics.

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same group.
- I will do my best to provide a safe learning situation for the players.
- I will promise to review and practice basic first and principles needed to treat the injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players..
- I will provide a sports environment for my team that free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will knowledgeable in the rules of each sports that I coach, and I will teach these rules to my players.
- I will use appropriate coaching/teaching techniques as outlined in AFI 34-144, Youth Programs.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

PRINT NAME_____

SIGNATURE_____

DATE _____

DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR AIRMAN AND FAMILY SERVICES FLIGHT STAFF, VOULUNTEERS, CONTRACTORS

FROM: 18 FSS/FSF

SUBJECT: 児童虐待、薬物、飲酒を伴っての犯罪について
Child Abuse, Drug and Alcohol Crime Statement

1. 私は児童虐待または薬物、飲酒等を伴っての前科はありません。もし採用後にそのような事で犯罪を犯した場合は、懲戒処分が下されます。
I have never been arrested or convicted of any crime involving children, drugs, or alcohol. I further understand if a situation arises after initial hire, I could receive disciplinary action including removal from my position.

2. 薬物やアルコール依存でリハビリ中の従業員を見極めるように務めます。勤務中に薬物やアルコールを摂取した従業員は懲戒処分が下されます。
Every effort will be made to identify employees who abuse alcohol and drugs and assist them with rehabilitation. Disciplinary action may be taken against any employee whose work performance is affected by use of alcohol or drugs.

3. 追加情報または児童虐待についての連絡先は児童虐待のトレーニング教材の中にあります。
Additional information or child abuse prevention, identification and reporting are available in the initial/annual child Abuse training materials.

4. この書面について質問等があれば、私までご連絡下さい。(634-2775)
Please contact me at 634-2775 for any questions for further information on this crime statement.

CATHY O. CATLING, GS-13, DAF
Chief, Airman and Family Services Flight

私は上記の方針を読み理解しました。
I have read and understand the above policy,

氏名 (Printed Name): _____

署名 (Signature): _____ 日付 Date_____

Kadena Youth Sports & Fitness Program

YOUTH SPORTS VOLUNTEER JOB DESCRIPTION

TITLE: Kadena Youth Sports & Fitness Volunteer Coach

DESCRIPTION:

*Coach of male or female athletes between the ages of 5-18.
*You will be considered a role model for 10-23 (depends on season) young athletes assigned to your team; therefore sportsmanship, fair play, and full participation are mandatory.

RESPONSIBILITIES:

*Plan and supervise games, practices, and events.
*Supervise assistant coaches, managers, or team parents.
*Teach the young athlete the fundamentals of the sport.
*Encourage the involvement of the parents in the sport.
*Schedule and conduct parent and other necessary meetings.
*Provide a safe and fun environment for the children.
*Learn and follow all league rules, policies, and procedures.
*Give each player equal playing time.
*Put the feelings of the players ahead of your desire to win.
*Attend all league functions and participate in league activities.

QUALIFICATIONS:

*Successfully complete the application procedure and pass a background check.
*Attend any scheduled coaching interviews or meetings.
*Successfully complete the National Youth Sports Coaches Association (NYSCA) Certification Program prior to the beginning of the season.
*Be enthusiastic.
*Not want to win at all costs.
*Must be patient, especially with children.
*Be organized.
*Be dependable.

INFORMATION:

As a volunteer coach, you are treated by local, state, and federal law as being an unpaid employee of the agency in which you are associated with; therefore, you must conduct yourself in the same manner as you would your own job. In the same respect, you will receive the same treatment, aside from compensation and benefits, as the employees of Kadena Youth Sports & Fitness.

I agree that I have read and understand the above job description for a youth sports coaching position, and that I accept the terms of the job description.

Applicant Signature _____ Name (Printed) _____ Date _____

Please note: Failure to sign this page will render the application incomplete and unacceptable.

VOLUNTEER AGREEMENT FOR

☐ APPROPRIATED FUND ACTIVITIES ☐ NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER *(Last, First, Middle Initial)*		2. YEAR OF BIRTH
3. INSTALLATION	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS

8. DESCRIPTION OF VOLUNTEER SERVICES

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED *(YYYYMMDD)*
10.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

11. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED *(YYYYMMDD)*
12.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE	15. TERMINATION DATE *(YYYYMMDD)*
a. YEARS *(2,087 hours=1 year)*	b. WEEKS	c. DAYS	d. HOURS		
16.a. TYPED NAME OF SUPERVISOR *(Last, First, Middle Initial)*				b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*