



COACHING APPLICATION



Name: _____ Social Security Number: _____

Street Address: _____ Spouse Name: _____

City: _____ State: _____ Zip: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Day Job (*Occupation*): _____ CPR Certified? _____ CPR Exp Date: _____ (Need Copy of License)

Desired Age Group: _____ How did you hear of us? _____

Coaching Experience (*Indicate Clubs, Teams, Time Frames, Supervisor Name, Phone*):

USAV:

College and/or High School:

Gold Crown / YMCA / Rec:

Playing Experience: (*Indicate Clubs, Teams, Time Frames*):

USAV:

College and/or High School:

Education	Name/Location of School	# of Yrs Completed	Degree/Diploma
High School/GED:	_____	_____	_____
Undergraduate College:	_____	_____	_____
Graduate School / Other:	_____	_____	_____

Personal Reference: _____ Phone: _____

Current Employer: _____ Phone: _____

Special Needs: (*i.e. you can only train at certain times, you need to job share, you are subject to NCAA restrictions*):

For our web page:

Favorite Food: _____ Favorite Movie: _____

Hometown: _____ Favorite Athlete: _____

When I am not coaching you will find me: _____

Clothing Sizes (please circle):

T-Shirt	XXL	XL	L	M	S
Polo	XXL	XL	L	M	S
Dry-Fit	XXL	XL	L	M	S
Hoodie	XXL	XL	L	M	S
Sweatpant	XXL	XL	L	M	S
Warmup Jacket	XXL	XL	L	M	S
Warmup Pant	XXL	XL	L	M	S

Shoe (circle Men's or Women's) _____

Have you ever been convicted of ANY law violation, including misdemeanor and/or felony violations? Include any pleas of "guilty" or "no contest." Please be thorough in your disclosure, as failure to report violations, including DUI, DWAI, etc. may result in the disqualification of your application.

___ YES ___ NO

Have you ever been convicted of a sex felony?

___ YES ___ NO

If YES to either, give details including date(s) and offense(s):

(A conviction will not necessarily disqualify an applicant)

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my termination if discovered at a later date.

By signing, I am authorizing the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, employer, and organizations to provide relevant information and opinions that may be useful in making a decision. I release such persons and organizations from any legal liability in making such statements.

I understand that my position will be subject to the receipt of a satisfactory background screen from USAV and AAU (if applicable). I agree to sign an Independent Contractors Agreement and also agree to all of the terms of conditions of the current Player/Parent Handbook.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant: _____ Date: _____