

Derry Girls Lacrosse Club

Application to Coach

P.O. Box 1712

Derry, NH 03038

www.derrygirlslacrosse.com

Position Desired: Head Coach Assistant Coach Indoor Spring

League Desired: U9 Girls U11 Girls U13 Girls U15 Girls

Please Print

Name: _____ DOB: _____

Current Address: _____

City: _____ State: _____

Previous Address: *(If under 3 years at current)* _____

City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Experience:

List all previous lacrosse experience. List the year, position (coach, assistant coach, player) and for what team.

Year	Experience	Team
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Certification: *(i.e., CPR, Medical, etc.)* _____

Other:

List or write anything else that you feel qualifies you to be a coach/assistant coach for the Derry Girls Lacrosse Club.

Personal Information:

Education:

High School Attended: _____ State: _____ Grad. Date: _____

College Attended: _____ State: _____ Grad. Date: _____

Please list any certifications, degrees or post graduate work, include dates:

Employment:

Current Employer: _____ Phone: _____
Address: _____ City: _____ State: _____
Previous Employer: *(If under 3 years at current)* _____
Contact: _____ Phone: _____

Background check:

The background check process usually takes 2 weeks to complete. All applicants must initiate a background check with US Lacrosse and their partnership with the National Center for Safety Initiatives.

US Lacrosse:

Have you completed the US Lacrosse level 1 coach’s certification? _____

What is your US Lacrosse membership number? _____

References:

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone Number
_____	_____
_____	_____
_____	_____

I understand that:

The information that I have provided may be verified, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Derry Girls Lacrosse Club, its officers, directors and volunteers. In signing this application, I affirm that the information I have given is true and correct.

Applicant Signature _____
Date

Applicant Name *(Please print)*: _____

Approval of DGLC Officials:

We are unaware of any information contrary to the information stated in this application. This applicant meets the standards of this organization.

Signature DGLC Officer _____ _____
Title _____ Date