Apple Valley Juniors Volleyball
COACH'S APPLICATION FOR 2010-2011 SEASON

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____ Cell: _____

City/State/Zip: _____ E-mail Address: _____

Driver's License Number: _____ State Issued: _____

Have you ever been convicted of or plead guilty to physical or sexual abuse? Yes No

Are you willing to give permission for criminal background check? Yes No

Would you be willing to attend coaching certification clinics? Yes No

Age of Coaching Preference: 10 11 12 13

14 15 16 17

Level Preference: Competitive --- Recreational --- No Preference

1. Indicate previous Volleyball Coaching / Playing experience and age/level coached.
(Use reverse side or attach additional paper if need)

2. Explain why you want to coach and what you want to achieve for your players and yourself.
(Use reverse side or attach additional paper if needed)

3. Have you ever been suspended, placed on probation or received similar or more severe discipline from any organization/team for which you have coached? Explain.

4. Indicate previous Volleyball Coaching Education/Training you have completed.

Please list 2 individual references; Personal, Work, or Coaching related.

Name: _____ Phone: _____

Name: _____ Phone: _____

Please return completed application to: Apple Valley Juniors Volleyball
C/O Marie Hechsel
500 Oakland Lane
Burnsville, MN 55337 or hechsel@comcast.net

Signature: _____ Date: _____