



Volleyball Club

Coaching Application

Date Completed: _____

PERSONAL INFORMATION:

Name (Please print): _____

Address: _____

Phone: (Day) _____ (Evening) _____

(E-mail) _____ (Fax) _____

COACHING INFORMATION:

Coaching Preference: *(Please check all that apply)*

Head Coach _____ Assistant Coach _____

Power League _____ Age Group _____

Coaching Experience (Please begin with most recent):

League/Club/Level Coaching Position City/School Dates

Coaching References (Please provide 3):

Name Address Phone No. Position in league/youth group

1. _____
2. _____
3. _____

Please answer the following with a YES / NO

1. Have you ever, for any reason, been suspended, dismissed or asked to resign a coaching or other youth activity position? _____

2. Have you ever failed to complete a voluntary position with an educational institution or youth organization? _____

3. Have you ever been convicted of a felony? _____

("Yes" answers, to the above questions, will not necessarily disqualify an applicant from a coaching position. Please explain your "yes" answers on a separate piece of paper.)

4. Have you ever attended an IMPACT Clinic? **Yes** ____ **No** ____

If so, when and where? _____

GOALS/OBJECTIVES:

1. Why do you wish to coach with Renegades Volleyball Club?

2. What do you hope to accomplish as a coach?

3. How do you plan to accommodate your goals stated in Question #2, above?

(You may refer to practice plans, parent/athlete communication, parent participation, athletic skill development, motivation techniques, etc.)

Please mail completed application to:

**Renegades Volleyball Club
1298 Bordeaux Street
Livermore, CA 94550**

Should you have any questions please contact us at:

(925) 580-1897 or staff@renegadesvolleyball.com

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