

Volunteer Coach Interest Form

NAME: _____

CELL: (_____) - _____ - _____

EMAIL: _____

SPORT: _____

YEARS OF COACHING EXPERIENCE: _____

YEAR OF LAST BACKGROUND SUBMISSION: _____ **PASS or FAIL** (Circle one)

DESIRED POSITION: Head or Assistant (Circle one)

AGE GROUP REQUESTED: _____ (Ex. 5U/6UC, 7UC, 8UG, 8UB, 10UG, 10UB, 12UG, 12UB, 14UG, 14UB, 16UG)

SHIRT SIZE: _____

CHILD/REN COACHING FOR THE SEASON: _____

*Note: Coaches are only guaranteed to coach their own children. Special requests are not guaranteed.

DAYS OF WEEK AVAILABLE: (Circle all that apply)

Monday **Tuesday** **Thursday** **Friday** **Saturday**

TIMES AVAILABLE: (Circle all that apply)

Early **Later** **Any**

Ex. 5:30-6:30pm Ex. 7:00-8:00pm

*Please note that early time slots are reserved for the youngest groups and those with true work conflicts. All work schedules must be discussed with coordinator by Wednesday mornings.

NOTES: