CAMPBELL RIVER School District 72

Volunteer Coach Application Form

Name: _____ Date of Birth: _____
(Please Print) (Y/M/D)

Address: _____

Telephone: (Home) _____ (Cell) _____

1. Coaching Qualifications:

_____

_____

Certification Level Theory: _____

Date Completed: _____

Certification Level Technical: _____

Date Completed: _____

2. Previous Coaching/Training Experience:

School System: _____

Community/Other: _____

3. Coaching Philosophy:

_____

_____

4. For which activities would you like to volunteer and at what level?

Activity: _____

Level: _____

5. Personal History:

a) Have you ever been or are you currently under probation or suspension from coaching duties within any school or community program?

__ Yes __ No

b) Have you ever been charged or convicted for a criminal offense?
__ Yes __ No

If yes for 5 a) or 5 b) please provide details:_____

_____

6. Medical:

a) Do you know of any medical condition that may hamper or affect your ability to carry out coaching activities? __ Yes __ No

b) If yes, please provide details: _____

_____

7. References:

Please provide the names and contact information for two (2):
Coaching References:

a) Name, Relationship, Telephone

_____

b) Name, Relationship, Telephone

_____

8. Personal Reference:

a) Name, Relationship, Telephone

_____

9. I agree to have a Criminal Record Check conducted and returned to the principal of _____School prior to commencing any activity.

10. I understand and agree to uphold the principles and goals of extra-curricular activities at _____School.

Volunteer: _____ Date: _____

Sponsor: _____ Date: _____

Principal:_____ Date:_____