



NIAGARA RAPIDS COACHING APPLICATION FORM

Coach's Information

Name: _____ E-mail Address: _____
 Address: _____ Home Phone: _____
 City: _____ Cell Phone: _____
 Postal Code: _____

Coaching Certification - NCCP Level (Check the one that applies)

- None/Unsure
- Development Coach Level 1 Trained
- Development Coach Level 1 Complete
- Advanced Development Coach Level 2 Trained
- Advanced Development Coach Level 2 Complete
- Performance Coach Level 3 Trained
- Performance Coach Level 3 Complete

Coaching Preference **Head Coach** **Assistant Coach** **Either**

Girls 13u 14u 15u 16u 17u 18u First choice _____ Second choice _____

- Level** (circle) 1. Rapids Summit (A & B) 2. Rapids Rival (B & C) 3. Rapids Evolve (C & D)
 4. Will coach where needed 5. Will only coach on my child's team

Boys 13u 14u 15u 16u 17u 18u First choice _____ Second choice _____

- Level** (circle) 1. Rapids Summit (A) 2. Rapids Rival (B) 3. Will coach where needed
 4. Will only coach on my child's team

Children Participating in the Rapids

 Child's Name Previous Team Date of Birth

 Child's Name Previous Team Date of Birth

Coaching Experience:

 Organization Team Position From Date to Date

 Organization Team Position From Date to Date

Playing Experience:

Organization	Team	Position	From Date to Date
Organization	Team	Position	From Date to Date

Coaching Affirmation (a parent on your team to relay this past season's experience)

Name	Phone
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Coaching Reference (if not previously with the Rapids)

Name	Phone
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Additional Paperwork required once your coaching position is confirmed.

1. A copy of a current (within 3 years) Vulnerable Sector Police check. Should you require a police check, please email schulzy2@sympatico.ca for the Club letter that entitles you to the volunteer rate. You must have the police check before you are registered as a coach in September.
2. OVA form and waiver <http://www.ontariovolleyball.org/programs/indoor-youth-competitions/indoor-coach-player-resources>
3. OVA disclosure form <http://www.ontariovolleyball.org/programs/indoor-youth-competitions/indoor-coach-player-resources>

Signature	Date
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Please Mail To: Beth Schulz
8 Eastfield Court
St. Catharines, Ontario
L2M 6V1

Or scan & email application
to schulzy2@sympatico.ca

If you feel there is additional information which is relevant, please attach the information to this application.