

# BC SCHOOL SPORTS COMMUNITY COACH APPLICATION FORM

(for internal school use - this form should be completed for EVERY Community Coach)

Date (for school year e.g. 2004-2005): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: (H) \_\_\_\_\_ (B) \_\_\_\_\_

## 1) NCCP Coaching Qualifications: NCCP # \_\_\_\_\_

Certification Level Theory: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Certification Level Technical: \_\_\_\_\_ Date Completed: \_\_\_\_\_

\_\_\_\_\_ Date Completed: \_\_\_\_\_

## 2) Previous Coaching Experience:

School: \_\_\_\_\_

Community/Other: \_\_\_\_\_

## 3) Coaching Philosophy:

## 4) Which sport(s) would you like to coach, and at what level?

Sport(s): \_\_\_\_\_ Level: \_\_\_\_\_

Sport(s): \_\_\_\_\_ Level: \_\_\_\_\_

## 5) Personal History:

a) Are you currently under probation or suspension from coaching duties within any school or community sport program?

Yes No

b) Have you ever been convicted of a criminal offence? Yes No

c) Do you have criminal charges pending? Yes No

If yes for 5 a), b) or c), 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

If yes for 6a), please provide details: \_\_\_\_\_

## 7) References

Please provide the names and contact information for three (3) references:

Coaching References:

1) \_\_\_\_\_  
Name Relationship Telephone

2) \_\_\_\_\_  
Name Relationship Telephone

Personal Reference:

1) \_\_\_\_\_  
Name Relationship Telephone

**I hereby give my permission to \_\_\_\_\_ that a Criminal Record Check on me may be conducted prior to commencing any coaching activity with the school.**

**I hereby certify that the information given is complete and correct.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_