

You may:

- 1) Download application (print, complete, email or mail to PAC) or
- 2) Complete application in Adobe Acrobat/Reader, save to your hard drive, and email as attachment to plpatriotathleticclub@gmail.com



Coaching Application

Applicant Information

<i>Full Legal Name:</i> _____		<i>Previous / Maiden Name:</i> _____	
<i>Street Address</i> _____			
<i>City</i> _____	<i>State</i> _____	<i>Zip Code</i> _____	<i>E-mail:</i> _____
<i>Cell Phone</i> _____	<i>Work Phone</i> _____		<i>Home Phone</i> _____
Position Applying for (<i>circle any that interest you</i>): Head Coach Assistant Coach Practice Assistant / Coach Other			
Sport: _____		<i>Name of your child / relative that will be playing (if applicable):</i> _____	
Grade: _____ Gender: BOYS GIRLS			
Are you willing to take direction from the PAC Sports Coordinator? (which drills to use, how to proceed in game situations, determining tournaments, player participation, etc...) YES ___ NO ___		Are you willing to promote and enforce the PAC-Sports Code of Ethics for Coaches, Players and Parents? YES ___ NO ___	
Please list the names of any other coaching applicants (and their child) that you would like to coach with: _____		If not selected as a head coach, are you willing to be an Assistant Coach? YES ___ NO ___	Are you CPR or First Aid Certified? YES ___ NO ___
Preferred Practice Day(s): (pick 2): Mon Tue Wed Thu Fri		Days unavailable for practice or games: Sun Mon Tue Wed Thu Fri Sat	

Have you personally played this sport? YES ___ NO ___ Please indicate experience: # of years: Youth Sports / Park & Rec _____ Competitive / Traveling _____ Middle School / JV _____ High School / Varsity _____ College _____ Pro _____ Other _____	Have you coached this sport? YES ___ NO ___ Please indicate experience: # of years: Youth Sports / Park & Rec _____ Competitive / Traveling _____ Middle School / JV _____ High School / Varsity _____ College _____ Pro _____ Other _____	Have you officiated this sport? YES ___ NO ___ Do you have any coaching certifications or training? YES ___ NO ___ <i>If yes, please explain:</i> Other relevant experience: _____ _____ _____
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How do you describe yourself as a coach and what is your coaching philosophy?

What are your strongest qualities as a coach (on or off the court)?

Why do you want to coach this sport / grade level / gender?

Please list three references (either personal or that can vouch for your coaching ability)

Full Name:	Relationship:
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Email:	Cell Phone:	Home Phone:
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Full Name:	Relationship:
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Email:	Cell Phone:	Home Phone:
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Full Name:	Relationship:
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Email:	Cell Phone:	Home Phone:
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By signing below, I agree, if selected, to administer the team in accordance within the letter and spirit of the PAC Sports program; and otherwise support and adhere to the mission, development philosophy, programs, policies, and procedures of PAC.
I further certify that statements made on this application are true and correct contain no material omissions.
I hereby acknowledge that if I am selected as a PAC Sports Volunteer Coach, that I will be required to submit to a Criminal Background Review.

Signature:	Date:
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Return application to PAC Sports, PO Box 21, Pequot Lakes, MN 56472 or
plpatriotathleticclub@gmail.com