

**HURON VALLEY VOLLEYBALL CLUBS**  
**COACH INFORMATION 2006**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_ Birth County: \_\_\_\_\_

Phone: Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Fastest / most reliable way to contact me is: \_\_\_\_\_

*(Most communication comes via email. It is necessary that you check it regularly during the season for updates or last minute practice or tournament changes.)*

**VOLLEYBALL COACHING & PLAYING EXPERIENCE:** List program, level, years, dates, and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Which nights are you free to practice: \_\_\_\_\_

What schedule constraints do you have (April to June): \_\_\_\_\_  
\_\_\_\_\_

What current registrations do you have:      AAU      USAV

**Preferences:**      Girls      Boys      Ages: U12 U14 U16 U18

Level Of Team:    Local    State    Regional    National      Practice at: Dexter    Ypsi    Lincoln

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License \_\_\_\_\_ State/Prov: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation?

Yes    No    - If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

I declare that all information given on this form and all statements made by me are correct. I hereby authorize Huron Valley Volleyball Clubs permission to perform a criminal history check on me.

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