



2018-19 Coaching Application

Name (First, Middle, Last): _____

Address: _____

Phone Number(s): _____ (home) _____ (cell)

Email: _____

Date of Birth: _____ (mm/dd/yyyy)

Employer: _____ Occupation: _____

Employer Address: _____

Employer Phone: _____

Are you IMPACT Certified: YES NO

Are you interested in Coach's Representative Position: YES NO

Please indicate the level(s) you would be most interested in coaching.

RED – stronger skilled team, BLACK – intermediate skilled team, WHITE – developmental team
(Check all that apply)

	12s	13s	14s	15s	16s	17s
RED						
BLACK						
WHITE				XXXXXXX	XXXXXXX	XXXXXXX

Non-Traveling	Leader	
	Helper	
Fall/Summer Camps	Leader	
	Helper	

Do you have a child or relative trying out for an AVC team this season: YES NO

If yes, provide child's name and age: _____



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Volleyball Coaching Experience:
 (Please include prior years with AVC, if applicable)

Location	Level(s)	Years

Athletic experience you would like to share to better access the best utilization of your skills:

Reference: list at least 2 character references that are not coaching related.

Name	Phone Number

Your signature indicates the information provided is true and accurate.

Signature: _____ **Date:** _____

Please mail completed applications to:

Alexandria Volleyball Club
PO Box 93
Alexandria, MN 56308
OR

Email: alexvolleyballclub@gmail.com

Privacy Policy: Your privacy is important to us. AVC does not sell or release contact information to any non-affiliated organization. Information will be destroyed for those not hired for vacant positions.