



**JUGGERNAUT VOLLEYBALL**  
**2021-22 SEASON**

**Coaching Application**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ *(Need Copy of License)*  
 Current Occupation: \_\_\_\_\_ CPR Certified? \_\_\_\_\_ CPR Exp Date: \_\_\_\_\_  
 Desired Age Group to Coach: \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

**Coaching Experience** *(Indicate Clubs, Teams, Time Frames, Supervisor Name, Phone):*

USAV:

College and/or High School:

Gold Crown / YMCA / Rec

**Playing Experience:** *(Indicate Clubs, Teams, Time Frames):*

USAV:

College and/or High School:

<b>Education</b>	<b>Name/Location of School</b>	<b># of Yrs Completed</b>	<b>Diploma/Degree</b>
High School/GED:	_____	_____	_____
Undergraduate College:	_____	_____	_____
Graduate School / Other:	_____	_____	_____

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Special Needs: *(You can only coach on certain days at certain times. Any restrictions?):* \_\_\_\_\_

For our web page:

Favorite Food: \_\_\_\_\_ Favorite Movie: \_\_\_\_\_

Hometown: \_\_\_\_\_ Favorite Athlete: \_\_\_\_\_

When I am not coaching you will find me: \_\_\_\_\_

**Clothing Sizes** (please circle):

T-Shirt	XXL	XL	L	M	S
Polo Shirt	XXL	XL	L	M	S
Dry-Fit	XXL	XL	L	M	S
Hoodie	XXL	XL	L	M	S

Have you ever been convicted of ANY law violation, including misdemeanor and/or felony violations? Include any pleas of "guilty" or "no contest." Please be thorough in your disclosure, as failure to report violations, including DUI, DWAI, etc. may result in the disqualification of your application.

\_\_\_ YES \_\_\_ NO

Have you ever been convicted of a sex felony?

\_\_\_ YES \_\_\_ NO

If YES to either, give details including date(s) and offense(s):

*(A conviction will not necessarily disqualify an applicant.)*

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my termination if discovered at a later date.

By signing, I am authorizing the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, employer, and organizations to provide relevant information and opinions that may be useful in making a decision. I release such persons and organizations from any legal liability in making such statements.

I understand that my position will be subject to the receipt of a satisfactory background screen from USAV and AAU (if applicable). I agree to sign an Independent Contractors Agreement and also agree to all of the terms of conditions of the current Player/Parent Handbook.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_