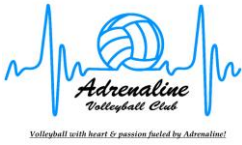


HEAD COACH & ASSISTANT COACH APPLICATION FORM



Adrenaline Volleyball Club
(A Licensed member of USA Volleyball & (OVR) Ohio Valley Region)

- Head Coach
 Assistant Coach

Please Print All Information Clearly

Coach's Name: _____	Age:(optional) _____
Address: _____	E-mail Address: _____
City/State: _____	Cell Phone: _____
Zip Code: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____

Do You Have Children Playing?

Child's Name _____	Child's Team _____	Date of Birth _____
Child's Name _____	Child's Team _____	Date of Birth _____

Check age groups interested in coaching:

10-12 <input type="checkbox"/>	15 <input type="checkbox"/>	18 <input type="checkbox"/>
13 <input type="checkbox"/>	16 <input type="checkbox"/>	
14 <input type="checkbox"/>	17 <input type="checkbox"/>	

CAP Certification (*Not necessary to coach.):

Level: _____ Date Obtained: _____

Coaching Experience:

Organization _____	Team _____	Position _____	From Date to Date _____
Organization _____	Team _____	Position _____	From Date to Date _____

Playing Experience:

Organization _____	Team _____	Position _____	From Date to Date _____
Organization _____	Team _____	Position _____	From Date to Date _____

Coaching References:

Name _____	Phone _____
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Name _____	Phone _____
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Please Mail To: Adrenaline Volleyball Club Questions – Call e-mail to:
 ATTN: Peg Ripley 614.404.8898 Pegr007@yahoo.com
 2155 Sorrel Court
 Grove City, Ohio 43123

If you feel there is additional information which is relevant, please attach the information to this application.

***ALL COACHES WILL BE REQUIRED TO BE A MEMBER OF OVR, GO THROUGH CONCUSSION TRAINING, IMPACT CERTIFIED AND HAVE A BACKGROUND CHECK EVERY TWO (2) YEARS. *THE CLUB WILL COVER THE COST FOR EACH.**