

HEAD COACH & ASSISTANT COACH APPLICATION FORM



Adrenaline Volleyball Club

(A Licensed member of USA Volleyball, (OVR) Ohio Valley Region & AAU)

☐ Head Coach

☐ Assist. 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
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Child's Name	Child's Team	Date of Birth
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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:	_____
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Coaching Experience:

Organization/Club	Team/Age group/Level	Position	From Date to Date
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Organization/Club	Team/Age group/Level	Position	From Date to Date
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Playing Experience:

Organization	Team	Position	From Date to Date
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Organization	Team	Position	From Date to Date
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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.**