

# 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  15  18   
 13  16   
 14  17

### 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

_____	_____
Name	Phone

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.**