

PRINCE GEORGE YOUTH VOLLEYBALL CLUB
Kodiak Volleyball HEAD Coach Application 2026 Season



APPLICANT INFORMATION

Last Name		First Name			
Street Address					
City		Province		Postal Code	
Phone		E-mail			
Team Applied for:					
Second Choice:					
Asst. Coaches Name(s):					
CRC on file with PGYVC?		NCCP #:			

COACHING CERTIFICATION (HIGHLIGHT YES OR NO)

Making Ethical Decisions	YES	NO	
Making Headway	YES	NO	
Safesport	YES	NO	
Volleyball Canada eModules	YES	NO	
Development Coach Workshop	YES	NO	
Development Coach Evaluation	YES	NO	
Advanced Development Coach Workshop	YES	NO	
Advanced Development Coach Evaluation	YES	NO	

COACHING EXPERIENCE

Team Name:		Age Group:		Year:	
Team Name:		Age Group:		Year:	

COACHING PHILOSOPHIES (for the age group you are applying for):

PLAYING TIME:

(13U and 14U follow VC Fair Play Rules)

ATTENDANCE:

CHAPERONING:

**BEHAVIOR
(INCLUDING DRUGS,
ALCOHOL, SMOKING,
VAPING, SOCIAL
MEDIA, ETC):**

I agree to personally return all PGYVC balls, med kit and jerseys to the club on the designated date. **I will not leave this to my team manager.**

I will take the necessary coaching courses to try to be fully certified in the position I have applied for. If I am not fully certified I take full responsibility for any fines incurred.

PRINT NAME:

SIGNATURE:

DATE:

**ASSISTANT COACHES DO NOT NEED TO FILL OUT A
HEAD COACH APPLICATION**

**FOR COACHING HOUSE LEAGUE, PLEASE EMAIL KIM at
ktforrest06@gmail.com**