

PRINCE GEORGE YOUTH VOLLEYBALL CLUB

Kodiak Volleyball HEAD Coach Application 2020



APPLICANT INFORMATION					
Last Name		First Name		Date:	
Street Address					
City		Province		Postal Code	
Phone		E-mail Address			
Team Applied for:					
Second Choice:					
Asst. Coaches Name(s):					
CRC on file with PGYVC?		NCCP #:			
COACHING CERTIFICATION					
Making Ethical Decisions	YES	NO			
Making Headway	YES	NO			
Volleyball Canada eModules	YES	NO			
Development Coach Workshop	YES	NO			
Advanced Development Coach Workshop	YES	NO			
Other coaching related courses:					
COACHING EXPERIENCE					
Team Name:		Age Group:		Year:	
Team Name:		Age Group:		Year:	
PHILISOPHIES:					
PLAYING TIME:					
ATTENDANCE:					
CHAPERONING:					
VAPING:					
I agree to return all PGYVC balls, med kit and jerseys to the club on a designated date.					
I will take the necessary coaching courses 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:			