VOLUNTEER COACHING APPLICTION

The following form is to be used when interviewing a potential coach in any one of the following situations:

- a) The applicants I not an administrator or someone with teaching certification.
- The person's philosophy and expertise is unknown. b)
- The position to be filled is one of head coach or the person would be asked to coach by himself/herself. c)
- The person would be coaching a higher risk sport. d)
- The principal or designate decides to formally interview for other reasons. e)

Please record pertinent information on this form and keep on file. Interviewers are encouraged to include any question which would be relevant to their schools.

CANDIDATE	SCHOOL			
Name:	Principal/Designate:			
Address:	Team in Question:			
Phone: (Home) (Work)	High Risk Sport:			
E-mail or Fax:	☐ Yes ☐ No			
Health Card Number:	Other:			
CPIC Yes No				
1. Please describe your previous coaching experience in	as well as			
	(Specific Sport)			
coaching in any other sport. Include number of years you have coached, age range of players, competitive nature of league and any other details you thing are pertinent:				
2. Describe current certification and/or qualification you hold which would be relevant to coaching:				
3. What are the three primary goals that you are trying to achieve as a coach:				
4. Have you ever been convicted of any offense under the Criminal Code of Canada for which pardon has not been granted? Yes No				
5. Do you understand/support the principles of the "fair play" philosophy in athletes?				
\square Yes \square No Explain how you would apply these principles to your coaching				
role:				

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				FORM D (continued)
6. How would you set s	tandards of be	ehaviour for the pla	yers you coach?	
7. Please list two refere	ences associat	ed with previous co	oaching experience:	
N	AME		POSITION	PHONE NUMBER
be contacted for information School Board's student ath Signature of Applicant:	n with respect t letes.	o your suitability as a	a volunteer coach of the Algon Date:	9. References listed on this form will quin and Lakeshore Catholic District
Signature of Principal/De	signate:		Date:	
		OFFICE U	SE ONLY	
References Checked:	☐ Yes	□ No		
CPIC	☐ Yes	□ No		
by signature of Principa	al/Designate:			
Notes:				
Application Accepted:		Not Accepted:	:	
Orientation Session Co	mpleted:	Yes ☐ No		
Signature of Principal/[Designate:			Date:

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