

YMCA of Clay County

Application to Coach Youth Volleyball: 2009

I understand that in volunteering to work with a YMCA Youth Volleyball team that I am committing to attend the practices and games or seek an assistant coach/temporary replacement for my team. During the Coaches Meeting, I will assist with even division of teams for this league. I understand that I am the primary model for the Y character values of Caring, Honest, Respect and Responsibility for the youth on my team. I will do my best to exhibit these character traits in all of my interactions with the youth, the parents, the officials, site coordinator and other YMCA staff. I understand that failure to do so may result in my removal from this volunteer position. If I have questions or concerns, I will speak with the Site Coordinator first, then with Deb Plummer, Program Director and/or Chad Zaucha, CEO. I understand that to determine my eligibility to volunteer to work with Youth Sports a limited criminal history and sex offender check will be made from the information I released below.

Signature: _____ Date: _____

Printed Name: _____ Address: _____

Date of Birth: ____/____/____ Sex: M F T-shirt size: _____
Home Phone Number: _____ Work Phone Number: _____
Cell Phone Number: _____ E-mail Address: _____
Employer: _____
Name & age of your child who is playing this year: _____
Have you coached youth volleyball for the Y before? _____ How many years? _____
Have you coached volleyball for other youth organizations before? _____
If so, for what organization did you coach? _____

Please list at least two character references:

1. Name: _____
Address: _____
Phone Number: _____
2. Name: _____
Address: _____
Phone Number: _____

Why do you want to coach youth volleyball for the YMCA?

If selected, which days would you be available to hold practices: Circle all that apply.

Monday Tuesday Wednesday Thursday Friday

Can you assist with the Pre-Season Clinic on January 12, 2008 from 5:45 to 8:00pm? Yes No

Can you attend your age groups Coaches Meeting (see schedule below)? Yes No

U10: Jan13, 6:00pm

U12: Jan13, 7:00pm

U15: Jan13, 8:00pm

Please return this form by January 9, 2009 so that your application can be processed prior to the Pre-Season Clinic. If you have any question, please call the Y or email sports@claycountyyymca.org

Thank you for your interest in coaching in the 2009 Youth Volleyball League.