



SCHOOL DISTRICT NO. 53 (Okanagan Similkameen)
VOLUNTEER/TEAM COACH/CLUB SPONSOR/DRIVERS APPLICATION
FORM

Name: _____ Date of Birth: _____

Address: _____

Telephone: (H) _____ (W) _____ (C): _____

1) Coaching Qualifications: _____

Certification Level Theory: _____ Date Completed: _____

Certification Level Technical: _____ Date Completed: _____

_____ Date Completed: _____

_____ Date Completed: _____

2) Respect in Sport Course: _____ Date Completed and Registration No: _____

3) Previous Coaching/Volunteer Experience

School System: _____

Community/Other: _____

4) Coaching Philosophy _____

For which activities would you like to volunteer, and at what level?

Activity: _____ Level: _____

Activity: _____ Level: _____

5) Personal History:

a. Have you ever been or are you currently under probation or suspension from coaching / volunteer duties within any school or community program? Yes No

b. Have you ever been charged or convicted for a criminal offense? Yes No

If yes for 5 a) or 5 b) please provide details: _____

6) Medical

a. Do you know of any medical condition that may hamper or affect your ability to carry out coaching / volunteer activities? Yes No

b. If yes, please provide details: _____

7) Volunteer Driver Information:

All drivers are responsible for complying with all child restraint requirements. My vehicle has _____ places/seats that meet the criteria for safe placement of booster seats. (Where a child is over 9 years of age OR over 4'9" – no booster seat required. Where a child is over 18 kg/40 lbs AND under 4'9" – booster seat required.)

8) References

Please provide the names and contact information for two (2):

Coaching / Volunteer References:

a. _____ Name Relationship Telephone

b. _____ Name Relationship Telephone

Personal Reference:

a. _____ Name Relationship Telephone



1. I agree to have a Criminal Record Check conducted and returned to the principal of _____ School prior to commencing any activity.

2. I understand and agree to uphold the principles and goals of extra-curricular activities at _____ School.

Name: _____ Signature: _____

Date: _____

Sponsor _____

Principal _____

Date _____