

SCHOOL DISTRICT NO. 53 (Okanagan Similkameen)

VOLUNTEER/TEAM COACH/CLUB SPONSOR/DRIVERS APPLICATION FORM

	Date of Bi	irth:				
ress:						
phone: (H)	(W)	(C):				
Coaching Qualific	ations:					
Certification Leve	el Theory:	Date Completed:				
Certification Level	el Technical:	Date Completed:				
		Date Completed:				
		Date Completed:				
Respect in Sport	Course:	Date Completed and Regi	stration No	:		
Previous Coachin	revious Coaching/Volunteer Experience					
School System: _						
Community/Othe	er:					
Coaching Philoso	phy					
Coaching Philoso For which activiti		teer, and at what level?				
Coaching Philoso For which activiti Activity:	phyes would you like to volunt	teer, and at what level? Level:				
Coaching Philoso For which activiti Activity:	phyes would you like to volunt	teer, and at what level? Level:				
Coaching Philoso For which activiti Activity: Activity: Personal History:	phyes would you like to volunt	teer, and at what level? Level:				
Coaching Philoso For which activiti Activity: Activity: Personal History: a. Have you ever	phyes would you like to volunt	teer, and at what level? Level: Level: y under probation or suspension				
Coaching Philoso For which activiti Activity: Activity: Personal History: a. Have you every within any so	phyes would you like to volunter been or are you currently	teer, and at what level? Level: Level: y under probation or suspension m?	n from coac	ching / volunteer		

5)	Me	edical						
	a.	Do you know of any medical condi	tion that may hamper or	affect your a	bility to carry			
		out coaching / volunteer activities	?	Yes	No			
	b.	If yes, please provide details:						
)	Vo	lunteer Driver Information:						
	pla OR	drivers are responsible for complying ces/seats that meet the criteria for a over 4'9" – no booster seat require quired.)	safe placement of boost	er seats. (Wh	nere a child is over 9 years o			
)		ferences ease provide the names and contact	information for two (2):					
	Со	aching / Volunteer References:						
	a.	Name	Relationship		Telephone			
	b.	Name	Relationship		Telephone			
	Pe	rsonal Reference:						
	a.							
		Name	Relationship		Telephone			
•	l a	gree to have a Criminal Record Chec	k conducted and returne	ed to the princ	cipal of			
		Sch	nool prior to commencing	g any activity.				
		ada arta ada arta arra da abilitar						
2.		I understand and agree to uphold the principles and goals of extra-curricular activities at School.						
		501	1001.					
	Na	me:	Signature:					
	Da	te:						
			Sponsor					
			Principal					
			Date					