

**COMMUNITY COACH APPLICATION FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ P.C.: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ Fax: \_\_\_\_\_

1) **NCCP Coaching Qualifications:** NCCP #: \_\_\_\_\_

Certification Level Theory: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Certification Level Technical: \_\_\_\_\_ Date Completed: \_\_\_\_\_

\_\_\_\_\_ Date Completed: \_\_\_\_\_

\_\_\_\_\_ Date Completed: \_\_\_\_\_

2) **Previous Coaching Experience:**

School System: \_\_\_\_\_

\_\_\_\_\_

Community/Other: \_\_\_\_\_

\_\_\_\_\_

3) **Coaching Philosophy:** \_\_\_\_\_

\_\_\_\_\_

4) **Which sport(s) would you like to coach, and at what level?**

Sport(s): \_\_\_\_\_ Level: \_\_\_\_\_

Sport(s): \_\_\_\_\_ Level: \_\_\_\_\_

5) **Personal History:**

a) Are you currently under probation or suspension from coaching duties within any school or community sport program? Yes No

b) Have you ever been convicted of a criminal offense? Yes No

c) Do you have criminal charges pending? Yes No

If yes for 5a), 5b), or 5c), please provide details: \_\_\_\_\_

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**6) Medical**

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

b) If yes to 6a), please provide details: \_\_\_\_\_  
\_\_\_\_\_

**7) References**

Please provide the names and contact information for three (3) references:

**+ Coaching References:**

a) \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Name                                      Relationship                                      Telephone

b) \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Name                                      Relationship                                      Telephone

c) \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Name                                      Relationship                                      Telephone

**8) Personal Reference:**

a) \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Name                                      Relationship                                      Telephone

I hereby give my permission to \_\_\_\_\_ that a Criminal Record Check may be conducted prior to commencing any coaching activity within the school.

I hereby certify that the information given is complete and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Principal  
Associate Superintendent

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## COMMUNITY COACH COMMITMENT FORM

I agree to abide by the B. C. School Sports Coach's Code of Conduct, B.C. School Sports Policies and Procedures and all Lower Vancouver Island Secondary School Athletic Association (LVISSAA) Regulations and all Lower Island Middle School Sports Association (LIMSSA) Regulations.

I have discussed GVSD Policies and Regulations 1240 (Volunteers in Schools), 3545.25 (Field Trips) and 3545.25 (Overnight Accommodation), 1241 (Volunteer Drivers) and 3545.1 (Transportation) with the principal or delegate and will work with the principal or delegate to ensure compliance with all School District Policies and regulations while a coach at \_\_\_\_\_ School.

I agree to have a Criminal Record Search conducted and returned to the principal or delegate of \_\_\_\_\_ School prior to commencing any coaching activity.

I understand and agree to uphold the principles and goals of extra-curricular athletics at \_\_\_\_\_ School.

I agree that any contravention of GVSD Policies and Regulations, B. C. School Sports Policies and Procedures and LVISSAA/LIMSSA Regulations may result in my immediate release from my coaching duties at \_\_\_\_\_ School.

I agree that the principal or delegate at \_\_\_\_\_ School may relieve me from my coaching duties at any time and without cause.

Name of community coach: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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