

TRAVEL TEAM COACHING APPLICATION

Name: _____ E-mail: _____

Date of Birth: _____ Gender: _____

Full Address: _____

Tel (h): _____ (c): _____

(w): _____ Profession: _____

Coaching Position Requesting _____ Age Level: _____

Coaching Licenses Held (highest): _____ Date Issued: _____

Coaching History: ___ Youth club ___ High School ___ College ___ ODP/DDP ___ Professional

Years Experience: _____ Age Group(s): _____ Gender Coached: _____

Organization(s) for which you coached: _____

Most recent coaching experience: _____

Playing Experience: _____ Youth Club _____ High School _____ College

_____ ODP/DDP _____ Professional

Organization(s) Played For: _____ # of Yrs Played: _____

Professional Experience: _____

Professional Development Courses Taken _____Sports Medicine _____First Aid ____CPR
_____American Red Cross Safety _____Workshops/Seminars

List details of all professional development (include dates, presenters, etc.)

Availability date to coach. _____

Why do you want to coach for SAC HC? _____

What skills will you bring to SAC HC's program? _____

Comments: _____

Coaching Reference #1

name,_____ relationship_____

telephone_____ email _____

Coaching Reference #2

name,_____ relationship_____

telephone_____ email _____

Coaching Reference #3

name, _____ relationship _____

telephone _____ email _____

Please mail in completed form to: SAC
4560 Centennial Lane
Ellicott City, MD 21042
Attention: Diane

Or email completed form to: diane@sac-hc.org