

Peninsula Lacrosse Association – Coaching Application Form 2012

This form should be filled out by any person who would like to coach any Peninsula Lacrosse Association team. This form should be filled out by new applicants as well as returning coaches and be forwarded to the Association Co-President, **Linda Cretney** at linda.cretney@shaw.ca or mailed to 6623 Buena Vista, Victoria, BC V8Z 5W8

Name: _____ Address: _____

PC: _____ Email: _____

Phone: _____ Age: _____

1. I would like to coach the following (indicate if more than one choice):

Division: _____ Level: _____ (A, B or C)

2. Indicate coaching position preferred: Head Coach _____ Asst. Coach _____

3. Indicate name(s) or head coach or assistant coach you wish to work with:

4. Type/Level of lacrosse training and/or coaching certification: _____

NCCP#: _____

5. Years of experience coaching lacrosse; please include division and level.

Last team coached: _____

6. Years of experience/training in coaching other youth sports or involvement in other youth activities.

7. Please provide references from two persons who are familiar with your coaching style and experience, or if you are just starting out as a coach, two persons who support your application.

8. Do you anticipate having a son/daughter on the team you are applying to coach?
_____ If so, will you coach only if your son/daughter is on the team? _____

9. Please feel free to provide any other relevant information.