



# Community Coach Application

## Appendix B, AP-423 Extra-Curricular Activities

*This form needs to be completed every year for every Community Coach.*

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

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

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

E-Mail: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**1. STAFF LIAISON PERSON/MENTOR** \_\_\_\_\_

Will a staff member be accessible for all team activities? Yes \_\_\_\_\_ No \_\_\_\_\_

**2. SHSAA "Respect in Sport" Online Course (Mandatory):** certificate # \_\_\_\_\_

**SHSAA "Concussion Protocol" Online Course (Mandatory):** certificate # \_\_\_\_\_

**SHSAA "Fundamentals of Coaching Course (Required for E-14):** certificate # \_\_\_\_\_

**3. PREVIOUS COACHING EXPERIENCE:**

Have you served a school in a Community Coach capacity? Yes \_\_\_\_\_ No \_\_\_\_\_ Provide details below.

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

\_\_\_\_\_

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

\_\_\_\_\_

**4. COACHING PHILOSOPHY:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. WHICH SPORT(S) WOULD YOU LIKE TO COACH AND AT WHAT LEVEL?**

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

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

**6. PERSONAL HISTORY:**

You must have a current Criminal Record Check, including a Vulnerable Sector Check, on file at the school dated no earlier than six months prior to this application. These documents will remain current for three years provided you do not have a one-year gap in voluntary service at the school. You must answer the following questions annually:

- 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 offence? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) Do you have criminal charges pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes for 6 (a), (b) or (c), provide details: \_\_\_\_\_  
\_\_\_\_\_

**7. MEDICAL:**

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

If yes for 7 (a), please provide details: \_\_\_\_\_

**8. REFERENCES (to be checked by Principal and/or Athletic Director):**

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

*Coaching References:*

- 1) \_\_\_\_\_  
Name Relationship Telephone
- 2) \_\_\_\_\_  
Name Relationship Telephone

*Personal Reference:*

- 1) \_\_\_\_\_  
Name Relationship Telephone

**My E-14 SHSAA Declaration for Non-Faculty Coach is completed and attached if coaching a High School sport:**

Yes  No  Coaching will be at junior level only

Have you been approved in a previous year on an E-14? If Yes, provide year & school:

\_\_\_\_\_

I hereby agree that I will abide by Division policies, SHSAA by-laws and policies, CVAC policies and procedures and school policies.

I understand the Division recommends that I carry a minimum of Two Million Dollars (\$2,000,000) in Personal Liability Insurance.

\_\_\_\_\_  
Applicant Name Signature Date

\_\_\_\_\_  
Principal's Signature Date

**Please submit to Division Office for approval:** \_\_\_\_\_