



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:

- 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: _____