



COMMUNITY COACH APPLICATION

(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) NCCP COACHING QUALIFICATIONS (Strongly Recommended): NCCP # _____

Certification Level Theory: _____ Date Completed: _____

Certification Level Technical: _____ Date Completed: _____

Certification Level Practical: _____ Date Completed: _____

OR

Introduction to Competition - Part A and B: Date Complete: _____

2) STAFF LIAISON PERSON/MENTOR _____

Will a staff member be accessible for all team activities? **Yes** _____ **No** _____

3) SHSAA "Respect in Sport" Online Course (mandatory): certificate # _____

SHSAA "Concussion Protocol" Online Course (required by 1 coach per team): certificate # _____

SHSAA "Fundamentals of Coaching" Course

(mandatory unless applicant has been previously approved in PSSD as Community Coach): certificate # _____ or

Previously approved in _____ Year _____
(Name of School)

4) PREVIOUS COACHING EXPERIENCE:

Have you served a school in a Community Coach capacity? Yes _____ No _____

Provide details below.

School: _____

Community/Other: _____

5) COACHING PHILOSOPHY:

6) WHICH SPORT(S) WOULD YOU LIKE TO COACH AND AT WHAT LEVEL?

Sport(s): _____ Level: _____

Sport(s): _____ Level: _____

7) 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 7 a), b) or c), provide details: _____

8) 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 8 a), please provide details: _____

9) REFERENCES

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

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

Yes _____ No _____ Coaching will be at junior level only _____

I hereby agree that I will abide by the Prairie Spirit School Division policies, Saskatchewan High School Athletic Association by-laws and policies, CVAC policies and procedures, and school policies.

I understand that Prairie Spirit School Division recommends that I carry a minimum of \$2,000,000 in Personal Liability Insurance.

Applicant Name Signature Date

Principal's Signature Date

PLEASE SUBMIT TO DIVISION OFFICE FOR APPROVAL.