

VANCOUVER ACES BASKETBALL PROGRAM VOLUNTEER COACH APPLICATION/REGISTRATION FORM



NAME:	DATE OF BIRTH: (/_	/)EMAIL:
ADDRESS:	day/month/y POSTAL CODE:	PHONE:
1) PREVIOUS COACHING	EXPERIENCE	
		ATES:
ORGANIZATION:	D <i>I</i>	ATES:
ORGANIZATION:	DA	ATES:
2) COACHING PHILOSOP	HY:	
3) COACHING QUALIFICA	ATION/CERTIFICATION (if any):	
4) CRIMINAL RECORD CH	HECK: COMPLETED (////) IN PROGRESS
5) PERSONAL HISTORY		
a) Previous sport involv	vement player rec level coach	player competitive level other (<i>ie. manager</i>)
b) Have there been any	y situations of probation/suspension	
If yes for 5b, please provide de	etails:	
abilities to carry out o	ny medical condition that may ha coaching activities? y	res no
7) REFERENCES Please provide the names and	contact information of TWO (2) refer	rences
a) Name:	Relations	ship:
Phone:	Email:	•
b) Name:	Relations	shin:
Phone:	Email:	
with Vancouver Secondary School and guidelines associated with the conduct. I agree and give my pe	ere are inherent risks involved in this sols Athletics Association (VSSAA), I wine VSSAA and Vancouver School Boardermission for Vancouver Aces to the rene analysis, as well as for information/	Il be expected to uphold principles d, particularly regarding safety and ecording and/or photographing of
FULL NAME (print)	SIGNATURE	DATE
Concussion Awareness Tr	raining Tool: https://cattonline	.com/ Please provide a digital copy