



Albuquerque Rebels Volleyball Club (ARVC)

Coaching Application Form

Position Title: Volleyball Coach for girls from 8 to 18 years old.

Activities and responsibilities are as follow, but not limited to:

1. Conduct a pre-season team orientation meeting with the players and their parents.
2. Teach volleyball skill through effectively planned practices at a level for each member of the team.
3. Train the players to compete in practices and coach them during competitions.
4. Encourage parent involvement and coordinate their assistance.
5. Provide a safe learning environment for all players, giving each player an opportunity to participate.
6. Communicate with the club director and other club administrators on all matter of policy.
7. Provide your own transportation to practices and tournaments.
8. You must participate in the Club's coaching training sessions and meetings.
9. Complete scorekeeping clinics in order to keep score during tournaments.
10. Serve as a positive role model to the players by showing respect to all parents, officials, and fellow coaches by following all rules and demonstrating good sportsmanship.

Initial_____

Qualification: You must meet these qualifications:

1. Must be of good character without criminal record or criminal pending.
2. Some coaching experience; ability to teach the game and impart message in a positive, encouraging, and challenging way is a must.
3. Prior playing experience at the collegiate level or have at least year's prior coaching Club or high school teams.
4. Must be at the minimum IMPACT certified (the Sun Country Regional Volleyball Association will train if needed).
5. Mature enough to handle the demands of coaching, staff training, and respect for your responsibility as a coach and position of power.

Initial_____

Compensation:

Each team will be assigned a Head Coach. Travel teams maybe assigned an assistant coach. Coaches will be compensated a monthly stipend for their coaching service per their written contract offered by the Club Director of ARVC on behalf of the ARVC Board of Directors. Failure to complete IMPACT class and other required certification will result in suspension of monthly coach stipend and sanctions that may result in loss of stipend for the month and coaching duties.

Initial_____

Albuquerque Rebels Volleyball Club – Coaching Application Form

Thank you for your interest in working with Albuquerque Rebels Volleyball Club (ARVC). This application must be completed by ALL candidates who wish to be considered for employment with ARVC and its affiliate programs. Please attach a copy of your resume when submitting this application.

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City & Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Sex: Male _____ Female _____ Age: _____

Date of Birth: _____ Shirt Size: _____ Pant Size: _____

1. **Circle the highest you completed in school:** HS AA/AS BA/BS MA/MS/MBA PhD/EdD

2. **Work history (last 3 years):**

Employer	Position	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **Have you played volleyball?** Yes _____ No _____

Where	Position(s)	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **Why do you want to coach volleyball? (be specific)**

5. **Have you coached volleyball?** Yes _____ No _____

Club/Organization	Years	Age Level	Position(s)	Date(s)

6. **Have you had any formal training as a coach?** Yes _____ No _____

If yes, circle any that apply: CAP Level: 1 2 3 4 FIVB: 1 2 ASEP IMPACT
Also, please describe other formal training (PE degree, coaching courses, coaches clinics):

7. **List any informal training (reading books or manuals, watching videos, volunteer):**

8. **Please rate your knowledge of the following topics with regard to volleyball by circling the appropriate number:**

1 = Have little knowledge 2 = Have reasonable knowledge 3 = Have a great deal of knowledge

1 2 3	Skills and strategies of volleyball	1 2 3	Developing sportsmanship
1 2 3	Today's rules of volleyball USAV	1 2 3	Communication skills
1 2 3	Organizing practices	1 2 3	Working with parents
1 2 3	Injury prevention and treatment	1 2 3	Principles for teaching volleyball skills
1 2 3	Legal duties	1 2 3	Managing time
1 2 3	Sport nutrient/hydration	1 2 3	Strength/condition training

9. **Please list at least two (2) persons who can attest to your coaching potential.**

Name: _____ Telephone: _____ Know him/her from? _____

10. **Rank the age group you prefer to coach: (Please circle)**

First Choice: 17U 16U 15U 14U 13U 12U Level: National Regional Local

Second Choice: 17U 16U 15U 14U 13U 12U Level: National Regional Local

PLEASE ANSWER THE FOLLOWING QUESTIONS (If you need more room, please continue on separate sheet).

11. Have you ever been arrested, charged or convicted of a crime? If YES, please explain.

12. Have you ever been involved in an accident involving abuse or neglect? If YES, please explain.

13. Have you ever had or do you have a problem with drugs and/or alcohol? If YES, please explain.

14. Do you have any medical conditions that may affect your abilities to coach? If YES, please explain.

15. Other information you would like to provide us about yourself:

Please provide us with a coaching profile about yourself that may be included in our website such as years coaching, playing experiences, honors, awards, etc. typed on a separate sheet attached to this application.
Thank you.

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You must agree to the following Terms and Conditions in order to submit your application: I certify that the information provided in this employment application is TRUE and COMPLETE, and I understand that any FALSE or MISLEADING information or omissions may disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at later date. I understand Albuquerque Rebels Volleyball Club (ARVC) may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. In addition, I understand that ARVC reserves the rights to conduct background investigations to determine my qualifications for employment. I authorize any person, school, current employer, past employer(s) and organizations names in this application to provide ARVC with any information or opinion requested by ARVC in connection with my application, and I release such parties from my liability in making such statements.

Initial _____ I understand and agree to the terms outlined above.

Print Name: _____ Date: _____

Signature: _____

MAIL COMPLETED APPLICATION TO:

ARVC Volleyball

12505 Iroquois PL NE

Albuquerque, New Mexico 87112

Or scan and return via email to fmader@arvcrebels.com