



Project Coach Teen Coach Application

Name _____

Address _____

Phone [cell] _____ [home] _____

Date of Birth _____

School _____

Social Security # _____ Student ID # _____

Doctor's Name (or Medical Practice) _____

Date of Last Physical _____

(PC Coaches Must Have an Annual Physical)

Shirt size [men's size] _____

Grade (year) in School _____ Current GPA _____

Grades last semester:

Subject: _____

Final Grade: _____

Subject: _____

Final Grade: _____

Subject: _____

Final Grade: _____

Subject: _____

Final Grade: _____

Subject: _____

Final Grade: _____

Subject: _____

Final Grade: _____



What sports do you love?

Are you a member of a school team? _____ If yes, what is the practice schedule:

Months _____ Days _____ Hours _____

Do you have any experience working with children? _____ If yes, please describe what kind of work you have done:

Why do you want to learn to coach?

What do you hope to get out of Project Coach?

What makes someone a good coach?



Why would you be a good coach?

List any special trainings or workshops you may have attended (leadership, community service, conflict resolution, etc.)

List any community, school, or volunteer activities you have been involved in:

Please indicate that you understand that if you are accepted into this program, you must attend regularly, you must come with a positive attitude, and you must be ready to learn and to work.

Student's signature _____ Date _____



Please have at least one reference fill out the information on the following pages. References must be teachers, guidance counselors, supervisors, or other adults who are not related to you.

Reference Name Position/Relationship to Student

_____ / _____

Reference Phone #

Yes/No Comment

Student is dependable _____

Student would be a good role model to other youth

Other information about the student that we should take into account:

Reference signature

Date

Please return this application to Guidance by _____