



Volleyball Coaches Information Sheet

Name: _____

Address: _____

City: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Please indicate if NOT a cell phone

Birth Date: _____

Best time to contact you during the day? _____

Home Church: _____

Is this the first year you have coached at First Friends? Yes No

Is this the first time you have coached Volleyball? Yes No

Please tell us your child's name in the league you want to coach: _____

Name of Coaching Partners

Name: _____ Have they coached before? Yes No

Name: _____ Have they coached before? Yes No

What league/division do you plan to coach? _____

Shirt Size (Adult) S M L XL 2XL 3XL

Please put an (X) through any day and indicate time you CAN NOT practice.

Monday	Tuesday	Wednesday	Thursday

Requirements:

_____ Lindsay's Law Required Coaches Video

_____ Background Check

_____ Coaches Code of Conduct

_____ Under 18 Background Check

_____ Coaches Information Sheet

_____ Ohio Youth Concussion Training

_____ Commitment to League Rules

_____ Sexual Abuse Policy

_____ Lindsay Law Handout