

## LYNN VALLEY LITTLE LEAGUE

## COACHING AND TEAM COORDINATOR APPLICATION FORM

Once completed Email to: safetyofficer@lvll.ca

Name:			_ E1	mail addre					
Address:			_ H	ome Phone					
(include suite or apt. no. & postal code)			_ W	Work Phone (optional):					
			C	Cell Phone (optional):					
Occupation (optional):			M	ledical Tra	ining (CI	PR, First A	Aid):		
NCCP Coaching Levels Achieved:									
		Technical	Date O	btained	Y	ears of Co	oaching in LVL	L	
	2 3								
Position Applying for:  Manager (Head Coach)  Coach  Coach									
Who will coach with you?				Team Coordinator					
Division Applyi	ng for:	T-Ball $\square$	Pee	e Wee 🛚	AA		AAA □		
		Majors	Jun	iors $\square$	Senio	rs 🗆	Big League		
<ol> <li>The Lynn Valley Little League expects our coaches:</li> <li>To attend the Coaching clinics for your division that the League presents prior to the season.</li> <li>To attend other clinics to upgrade your coaching skills.</li> <li>To work on upgrading &amp; renewing your NCCP coaching levels by attending a course or clinic during the next year.         <ul> <li>ALL CLINICS WILL BE PAID FOR BY L.V.L.L.</li> </ul> </li> <li>CRIMINAL RECORD REPORTS ARE MANDATORY FOR ALL COACHES. YOU WILL NOT BE ALLOWED TO COACH UNTIL THIS HAS BEEN RECEIVED. ONLY THE PRESIDENT/SAFETY OFFICER OF L.V.L.L. WILL HAVE ACCESS TO THE CRIMINAL RECORD REPORT.</li> </ol>									
Applicants' signature: Date:									
T-shirt size (T-Ball and PeeWee Only): S $\square$ M $\square$ L $\square$ XL $\square$ XXL $\square$ XXXL $\square$									
Golf shirt size (Minors and Up): S $\square$ M $\square$ L $\square$ XL $\square$ XXL $\square$ XXXL $\square$									
Criminal Record Report Received: YES   NO   Position Approved: YES   NO   Date:									