

CALIFORNIA ODYSSEY COACHING APPLICATION

APPLICATION DETAILS:

GENDER:

LAST NAME:

FIRST NAME:

DOB:

ADDRESS:

E-MAIL:

OCCUPATION:

ARE YOU CURRENTLY EMPLOYED? YES NO
IF YES, WHERE? EST 2002

DO YOU HAVE ANY DISABILITY OR MEDICAL CONDITION OF WHICH YOU WISH THIS ORGANIZATION TO BE AWARE OF...(IF "YES" PLEASE GIVE DETAILS).

TELEPHONE NUMBER:

HOME:

WORK:

CELL:

EDUCATION

JR. COLLEGE/ COLLEGE/ UNIVERSITY:

PLEASE LIST YOUR EDUCATIONAL BACKGROUND

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COACHES LICENSE LEVEL:
YEAR LICENSE RECEIVED:

PLEASE LIST ANY QUALIFICATIONS/ RELEVANT EXPERIENCE TO DATE TO SUPPPORT YOUR APPLICATION.

WHAT AGE GROUOP ARE YOU INTERESTED IN COACHING? _____ GENDER? _____

PLEASE LIST DETAILS OF PLAYING EXPERIENCE (IF APPLICABLE)

CLUB	DATE

PLEASE LIST PRESENT OR FORMAER CLUBS WHERE YOU HAVE HELD A COACHING POSITION (IF APPLICABLE).

CLUB	DATE	POSITION

REASON FOR LEAVING:

WHAT IS YOUR ATTITUDE TOWARDS WINNING AND LOSING?

WHAT IS YOUR PHILOSOPHY OF COACHING?

SIGNATURE

DATE