



APPLICANT'S INFORMATION

Full Name: _____

Preferred Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____

Facebook: _____

Position Volunteering for (please check one):

- Head Coach
- Assistant Coach

Program and Age Groups interested in (please check all that apply):

- | | |
|----------------------------------|----------------------------------|
| <input type="radio"/> Football | <input type="radio"/> Ages 3-4 |
| <input type="radio"/> Basketball | <input type="radio"/> Ages 5-6 |
| <input type="radio"/> Baseball | <input type="radio"/> Ages 7-8 |
| <input type="radio"/> Cheer | <input type="radio"/> Ages 9-10 |
| <input type="radio"/> Dance | <input type="radio"/> Ages 11-12 |
| <input type="radio"/> | <input type="radio"/> Ages 13-14 |

CPR certified?

If yes, Card level/Title: _____ Expires? _____

Please provide a photocopy of your card with this application

First Aid certified?

If yes, Card level/Title: _____ Expires? _____

Please provide a photocopy of your card with this application

Concussion Training certified?

If yes, Card level/Title: _____ Expires? _____

Please provide a photocopy of your card with this application

Please list any children you have playing in G-Force:

Child's name: _____ Age _____ Program: _____

Child's name: _____ Age _____ Program: _____

Child's name: _____ Age _____ Program: _____

Have you ever been convicted of felony or major misdemeanor?

- Yes
- No

Are there any issues with your employment that would prevent you from attending practices and games on time?

- Yes
- No

If "Yes" – please explain: _____

COACHING INFORMATION

Do you have coaching experience?

- Yes
- No

If yes, list how many years and sport:

List your strengths in the particular sports you are interested in coaching:

What are your Top 3 objectives for this season?

1. _____
2. _____
3. _____

Why do you want to be a volunteer coach? _____

G-Force COACHES CODE OF ETHICS

Have you read the G-Force Coaches Code of Ethics and fully understand the consequences if you do not comply?

- Yes
- No

Signature: _____ Date: _____

Full Legal Name: _____

Please return your completed application:

FAX: 704-503-9105

or

GFORCEELITEINC@GMAIL.COM

or

G-FORCE ELITE INC

P.O. BOX 265

PAW CREEK, NC 28130