

RCS RAVENS – Coaching Information

Sport: ___ Volleyball ___ Basketball ___ Track **Year:** _____

Team: ___ 6th boys ___ 6th girls ___ 7th boys ___ 7th girls ___ 8th boys ___ 8^pth girls

Coach: ___ Head ___ Assistant

Name: _____

Home phone #: _____ **Work phone #:** _____

Cell phone #: _____

Does this cell phone receive text messages? ___ Yes ___ No

E-mail address _____

What is the quickest method to reach you in the **daytime**?

___ Home # ___ Cell # ___ Work # ___ Email ___ Other (please specify)

What is the quickest method to reach you in the **evening**?

___ Home # ___ Cell # ___ Work # ___ Email ___ Other (please specify)

Have you completed **Virtus training**? ___ Yes ___ No

If yes, where did you have the training?

___ Resurrection ___ Other (Please specify where) _____

Do you have a current **CSAL Coaches Certification**? ___ Yes ___ No

If yes, what year did you attend? _____

List previous experience coaching:

Sport: _____ # of years: ___ League(s): _____

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Sport: _____ # of years: ___ League(s): _____

List any sports related education:
