

# Kansas Networks VBC Coach and Team Application

## APPLICANT INFORMATION

Name:		Date:
Cell phone:	Home Phone:	Work phone:
Mailing address including city, state, zip:		
Email address:		Employer:

## PREVIOUS COACHING AND OFFICIATING EXPERIENCE

Previous club affiliations:		
Name of team(s) coached:		How long?
Age levels coached:	Official for ____ years	Scorekeeper for ____ years

## REFERENCE

Name:	Email:	phone:	relationship:
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## PROPOSED TEAM INFORMATION

Team I wish to coach in KNVBC:	
Assistant coaches / support personnel:	Age group:

## PRINCIPLES OF KNVBC

Kansas Networks Volleyball Club was created to provide a team-oriented, player-centered opportunity for independent teams to network together towards the common goal of giving youth an opportunity to learn volleyball and life skills in a club setting. It relies on the integrity of individual teams for its continuation and success. All coaches must honor the game and keep the best interest of the players first and foremost.

## WHY I WANT TO BE PART OF KNVBC:


## TO BE CONSIDERED FOR MEMBERSHIP IN KNVBC, TEAMS MUST COMPLETE THE FOLLOWING STEPS:

(1) Approval of this application via KNVBC board	(2) Individual player registrations via HAI / webpoint
(3) Payment of \$10 per USAV participant and team roster submission to KNVBC registrar, Coleen Weber.	Players will be assigned to your team only after completion of #1 thru 3.

## Signatures

My signature indicates that the above information is accurate. By submitting this application, I agree to abide by club principles noted above. I also agree to the following: (1) attendance by team representative at club meeting and (2) completion of HOA region requirements set forth for officiating / scorekeeping by coaching staff and players.

Signature of applicant:	Date:
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