

Halifax Vipers Basketball Club

Tel: 902-405-9320 Fax:902-704-5531

www.halifaxvipersbasketball.ca

COACH APPLICATION FORM

Name: _____
(Last Name) (First Name)

Address: _____
(Number) (Street) (Apt/Unit)

(City) (Postal Code)

Email: _____

Home Phone No: _____ Cell Phone No: _____

1. What team are you applying for:

a) Type: Rep House League/Skills Development

b) Gender: Male Female

c) Age group: _____

2. Do you have a son/daughter playing in the Halifax Vipers Basketball Club? Yes No

3. Is this player expected to be on your team?

Yes No

4. Do you have experience working with young people in activities other than basketball? Please provide details

5. Detail your basketball playing/coaching experience beginning with the most recent including team performance, records and highlights of the seasons.

6. Please provide details of your basketball coaching qualifications and certifications attained.

7. Detail other activities/qualifications that benefit your basketball coaching responsibilities.

8. Explain your personal coaching philosophy.

9. Additional information you wish to include.

10. Please provide three references that can attest to your most recent coaching skills, character or other youth organization involvement.

1)

2)

3)

I HERBY CONFIRM THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

I AGREE AND ACCEPT THAT MY APPLICATION WILL REQUIRE A VOLUNTEER SCREENING POLICE CHECK.

(Signature)

Date Signed

Please attach this completed form to resume and return to:

Halifax Vipers Basketball Club
133 Avenue Du Portage
Dartmouth, NS B2X 3S8

OR

info@halifaxvipersbasketball.ca