



Warren County Youth Volleyball Fall 2021

IMPORTANT INFORMATION

****ALWAYS LOOKING FOR COACHES AND ASSISTANTS PLEASE ENCOURAGE YOUR ADULT FATHERS/MOTHERS/SISTERS/GRANDPARENTS/AUNTS/UNCLES/FRIENDS****

COACHES CLINIC: 8/14/2021 TIME TBD

SIGN UPS BEGIN: 6/27/2021 THROUGH 8/1/21

(late sign-ups extra \$10 between 7/26/2021-8/1/2021)

PRACTICES: 8/16-9/5

GAMES: 9/7-11/12

TOURNAMENT: 11/14-11/20 (TBD)

Background Checks: ****New Background Check Procedures: Anyone who wants to help with their child in any capacity will need to have one filled out and on record at the parks office. Please go online to www.warrencountyky.gov and click on Departments, then Parks and Recreation to apply for your background check.****

Tournaments: It will be announced at a later date. Everyone will receive something on awards day so please encourage your players to attend. Details of the tournament and awards day will be forthcoming.

Equipment: Each team will receive volleyballs and a bag. Equipment must be in good shape upon return. Equipment must be returned at the awards day to a board member.

TRAINING: <https://www.theartofcoachingvolleyball.com/>

If you have any questions, please contact:

Lacy Harrod or Lorie Baker, WCYVL Secretary (parent volunteer) wcyvl@aol.com

Warren County Parks and Recreation Department Volleyball Coaches' Application

Circle One: Coach

Asst. Coach

Parent Representative

Circle One: Division I (grades 2&3)

Division II (grades 4&5)

Division III (grades 6,7&8)

Division IV (grades 9-12)

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Phone Numbers: Home _____ Cell _____ Work _____

Social Security Number: _____ Drivers License Number: _____

Email Address: _____ Coaches Shirt Size: _____ Size needed

Team name: _____ Jersey color requested: _____

Employer: _____ Supervisor: _____

Address: _____ State: _____ Zip: _____ Date Hired: _____

References: List Three Not Related to You

Name	Address	City, ST	Phone
Name	Address	City, ST	Phone
Name	Address	City, ST	Phone

Child's Name: _____ Grade: _____

School Attends _____ School District Child Lives In _____

Did you coach last year? _____ If yes, what Division and Team? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (If more room is needed, continue on separate sheet.)

Have you ever been arrested, charged or convicted of a crime? If yes, please explain. _____

Have you ever been involved in an accident involving abuse or neglect? If yes, please explain. _____

Have you ever had or do you have a problem with drugs and/or alcohol? If yes, please explain. _____

Reason for wanting to volunteer? _____

Experiences and/or training you have had in coaching. (Clinics, last years team, etc.) _____

List any other training you have had that would benefit children. (First aid, CPR, teaching, etc.) _____

By signing this document, you insure that all information is correct and accurate and that you have read and understood the Manager/Coaches requirements. Any discrepancies found on this application can be used to revoke this application.

Signature: _____ Print Name: _____ Date: _____

WWW.WCGIRLSVOLLEYBALL.ORG

PLEASE REMEMBER TO GO ONLINE FOR BACKGROUND CHECK.