



NC ELITE COACHING APPLICATION

FIRST: _____ MI: _____ LAST: _____

ADDRESS: _____

CITY: _____ ZIP: _____

Birth date: _____

PHONE (h): _____ PHONE (w): _____

PHONE (c): _____ EMAIL: _____

HIGH SCHOOL ATTENDED: _____ GRAD YR: _____

COLLEGE ATTENDED: _____ GRAD YR: _____

DEGREE (s): _____

CURRENT EMPLOYER: _____

POSITION: _____

CLUB COACHING EXPERIENCE (Include Club Name, Team(s) and Age Division coached, # years):

SCHOOL COACHING EXPERIENCE (middle school, high school, college, # years):

PLAYING EXPERIENCE (club, high school, college – include honors):

ARE YOU CAP CERTIFIED? (Level, date & site of course):

ARE YOU IMPACT CERTIFIED? (Date & site of course):

HAVE YOU HAD A BACKGROUND CHECK (CR) DONE IN THE LAST @ YEARS ? : (Year Completed)

WHAT IS YOUR COACHING AGE PREFERENCES? *Circle all that apply* (Any/All) 13 14 15 16 17 18

Please Mail To: NC Elite Volleyball Club 5317 North Hills Dr. Raleigh, NC 27612