



**YWCA of Sioux Falls Volunteer Volleyball Coach Application**

***Please print clearly and return this application to:***

Heidi McCormick, Youth Recreation Coordinator  
300 E. 11<sup>th</sup> St., Sioux Falls, SD 57104  
Phone: (605) 336-3660 #230  
Email: hmccormick@ywca-sf.org  
Fax: 605-336-2238  
Website: www.ywca-sf.org

**THANK YOU for your interest in volunteering with YWCA Youth Volleyball!**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:

- E-mail
- Home phone (time of day: \_\_\_\_\_)
- Work phone (time of day: \_\_\_\_\_)

**Please answer the following questions:**

1. I am interested in serving as a YWCA **Youth Volleyball**:

- \_\_\_\_ Coach (2-3 hours per week, one weeknight practice and one game on Saturday).
- \_\_\_\_ Assistant Coach (1-2 hours per week, work with coach to assist practice and game schedule as needed).
- \_\_\_\_ Volleyball Referee (Please list your referee age group preference)
  - 3-4 Grade
  - 5-6 Grade
  - 7-8 Grade

2. Preferred Practice Availability: Please list one day/time.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

3. How did you hear about YWCA Girls Volleyball?

Friend, please share their name with us so we can thank them:

\_\_\_\_\_  
 Poster/Sign  Website  Volunteer Fair/Open House  Other: \_\_\_\_\_

4. What is your experience working with children/girls, specifically in 3<sup>rd</sup>-8<sup>th</sup> grades?

5. Please list your current and/or past volunteer experience and the length of time you volunteered:

6. Why do you wish to volunteer with YWCA Girls Volleyball and/or what attracted you to our program?

7. What is your t-shirt size?    Adult Small      Adult Med      Adult Large    Adult XL      Adult XXL

8. Please list two individuals who can serve as references for you and your character.

| Name | Contact Information | Relationship to You |
|------|---------------------|---------------------|
|      |                     |                     |
|      |                     |                     |

As a **YWCA** policy, coaches must be drug-free (includes alcohol, tobacco, other illegal drugs, inappropriate use of over the counter or prescription drugs). YWCA of Sioux Falls reserves the right to dismiss volunteers for violation of this policy. I agree that I have disclosed to the YWCA of Sioux Falls any felony criminal charges brought against me in the last 20 years. I agree not to hold YWCA of Sioux Falls liable for any bodily injury or damages due to participation in the YWCA youth recreation program. With your permission given herein, YWCA Sioux Falls may also use photos and/or quotes for future brochures, publications, or in other ways to promote the program (photo release). By signing below, you solemnly swear to abide by the above policies and the terms set forth in the volunteer coach job description.

Signature \_\_\_\_\_ Date \_\_\_\_\_