



**COACHES QUESTIONNAIRE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**VOLLEYBALL PLAYING EXPERIENCE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COACHING EXPERIENCE:** (VOLLEYBALL AND OTHER SPORTS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AWARDS/CERTIFICATIONS:** (AS A PLAYER OR A COACH):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREFERRED POSITION:**      HEAD                  ASSISTANT                  VOLUNTEER ASSIST.  
**PREFERRED GROUP:**    U12/U14                  U15/U16/U17/U18      BOYS                  NO PREFERENCE

**SCHEDULING REQUESTS/CONFLICTS:** \_\_\_\_\_  
\_\_\_\_\_

TO JOIN OUR COACHING STAFF, PLEASE SEND THIS INFORMATION TO [MICHELLE@OPVBC.ORG](mailto:MICHELLE@OPVBC.ORG)

MICHELLE@OPVBC.ORG  
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