



2829 Cleveland Road, Suite B, Wooster, Ohio, 44691 ● 330-262-1200
director@adaptivesportsohio.org ● adaptivesportsohio.org

Coach/Volunteer Application

1) Contact Information:

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Email Address _____ Phone _____

2) Which position are you applying for? Coach Volunteer

And, which sport?

Wheelchair Rugby

Wheelchair Softball

Power Wheelchair Soccer

Sled Hockey

Swimming

Wheelchair Track/Road Racing

Sailing

Cycling

Wheelchair Basketball

3) Have you ever coached this sport before? yes no

4) Do you have experience coaching individuals with disabilities? yes no

If yes, when and where? _____

5) Please list previous coaching/volunteer experience. If more than 3, please list on a separate sheet.

<i>Sport</i>	<i>Location/Team</i>	<i>Dates</i>
1)		
2)		
3)		

6) What coaching certifications, if any, do you have? _____

7) Are you willing to travel out of state monthly during the season? yes no

8) When can you start? _____

Adaptive Sports Program of Ohio



Dream. Excel. Inspire.



NORTHEAST OHIO

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9) Are you a Veteran? yes no

10) Have you ever been convicted of a felony? yes no
You will be required to complete BCI/FBI checks.

11) References:

<i>Name</i>	<i>Phone</i>	<i>Email</i>
1)		
2)		
3)		