



Alberta Lacrosse Association

Enhance character, community, and culture through lacrosse.

TEAM ALBERTA COACH APPLICATION

NAME:

CONTACT EMAIL:

CONTACT PHONE:

ADDRESS:

LACROSSE ASSOCIATION:

POSITION APPLYING FOR:

TEAM APPLYING FOR:

NCCP NUMBER:

CURRENT COACHING CERTIFICATION STATUS:

LACROSSE REFERENCES

REFERENCE NAME:

CONTACT EMAIL:

REFERENCE NAME:

CONTACT EMAIL:

REFERENCE NAME:

CONTACT EMAIL:

Before signing this form, I have read the corresponding Volunteer Brief.

NAME:

SIGNATURE:

DATE:



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WHAT IS YOUR COACHING PHILOSOPHY AND OBJECTIVES?

HOW DO YOU DEFINE SUCCESS AS A COACH IN THE TEAM ALBERTA PROGRAM?

HOW WILL YOU REACH THE LEVEL OF SUCCESS OUTLINED ABOVE?

Please email application, with accompanying lacrosse resume, and criminal record and vulnerable sector checks, to technicaldirector@albertalacrosse.com.