



Sport:	Season: 2	20 Level: 🗆 Element	ary $\square Middle \ \square JV \ \square Varsity$
Full Name:			<u></u>
Address:		City:	State:
Zip Code:	Email:		Phone:
			Birth:
#2 Address:	·		lease list previous addresses going for 7 years City:
	Zip Code:		
#3 Address:			City:
State:	Zip Code:	Dates:	
•	er in good standing at you ou been a member of your		
Why do you want	t to coach/serve in SVHSA	A (Please be as detailed as	s possible):
Share your persor	nal testimony about your r	elationship with Christ:	
, .	, ,	·	
Please share abou	t other roles where you h	ave or do serve, lead or si	upport others:
1. Title/Role:		How Lo	ong/Dates:
Brief Description	n:		
2. Title/Role:		How Lo	ong/Dates:
Briof Dosoviation	· ·		
brief Description	n:		

3. Title/Role:	How Long/Dates:	
Brief Description:		
4. Title/Role:	How Long/Dates:	
Brief Description:		
Personal Referen	ces: The first reference must be your	current pastor
1. Pastor Name:	Phone:	
Email:	Years Known:	
2. Name:	Phone:	
Email:	Relationship:	Years Known:
3. Name:	Phone:	
Email:	Relationship:	Years Known:
cackground causing a report to be check report may include, but is and previous residences; civil an state, county jurisdictions; and an further authorize any individua Administration and law enforcemme, to SVA or its agents. I further	designated agents and representatives to conduct a e generated for volunteer purposes. I understand that not limited to, the following areas: verification of so d criminal history records from any criminal justice by other public records. I, company, firm, corporation, or public agency (ent agencies) to divulge any and all information, we er authorize the complete release of any records of poration, or public agency may have, to include info	at the scope of the background ocial security number; current agency in any or all federal, including the Social Security verbal or written, pertaining to r data pertaining to me which
•	nd representatives shall maintain all information re er to protect the applicant's personal information, ers, and dates of birth.	
Signature:	Date:	
	SVA Office Use only:	
☐ 7 Year Criminal Background che	eck with Sex Offender Search: Date completed -	
☐ 3 References contacted and chec	cked: Date Completed:	
☐ Athletic Director Review with 0	Coach: Date Completed:	
Sport:	Season: Date Comple	eted:



Southwest Virginia Academy Coaching Standards

All coaches for SVA will have read and agreed to the Conquerors coaching standards below.

Please initial each: SVA Goals:	
 SVA's #1 priority is to glorify Chris SVA's focus on athletics is to help g SVA coaches must have a growing r SVA coaches must be a member in 	row Christ-glorifying athletes
SVA coaches must exhibit consister	t Christian character in their lives
SVA coaches must be honest, ethica	
	t-minded leaders to their players, parents, and the program
SVA Coach: Leadership, Communica	tion, and Professionalism
SVA coaches represent Christ & SVSVA coaches take responsibility for	A in ALL interactions with players, refs, fans, and opponents their teams and player conduct
	oach in handling player and parent issues
·	sight of the Athletic Director and SVA board
	ed at any time and for any reason by the AD or SVA board
SVA Coach: Pursuit of Excellence	
SVA coaches will come alongside pa	rents to be Christian mentors for players
•	the Gospel in word and deed with players
SVA coaches will actively encourage	· · · · · · · · · · · · · · · · · · ·
_	their teams to excellence in their given sport
	to pursue excellence through personal effort and attitude
• •	or opportunities to teach life skills to their players
SVA Coach: Responsibilities and Org	anization
SVA coaches are responsible to plan	n/organize and lead/helping with practices, based on role
SVA coaches will prioritize church a	attendance and spiritual concerns when scheduling
SVA coaches disperse timely and ac	curate communications with their team parents and players
SVA coaches communicate with fam	nilies to help, when possible, with rides and planning
SVA coaches help with equipment/j	ersey tracking and collection
	Б.
Coach Signature:	Date:
I have confirmed this coach is approved	to be in a leadership role.

Assistant Athletic Director Signature: ______ Date: _____