



Girls on the Run of NOVA Coach or Assistant Coach Application

I am interested in volunteering as a/an: Coach Assistant Coach

About Myself:

Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home phone _____ Mobile phone _____

Email address _____ Fax number _____

Emergency contact _____ Emergency phone _____

Why do you want to coach? _____

Do you have a flexible schedule for coaching and attending meetings? Yes No

Are you willing to travel locally to meetings and to coach? Yes No

Do you hold a driver's license? Yes No Do you have a vehicle? Yes No

Are you First Aid and/or CPR certified? First Aid (exp. ____) CPR (exp. ____)

If not, are you willing to obtain certification prior to the start of the program? Yes No

Do you prefer a morning (~7:45 – 8:45) or afternoon (~3:45 – 4:45) program? __ AM __ PM

Please indicate which days you cannot coach at all? __ M __ T __ W __ Th __ F

I prefer to coach in: __ Arlington Co. __ Fairfax Co. __ Loudoun Co.
__ Alexandria City __ Prince William Co. __ Other (where? _____)

T-shirt Size: YL AS AM AL AXL Other _____

Please print clearly and return the completed form to GOTR of NOVA at:
10560 Main St, Suite 514, Fairfax, VA 22030
703-273-3153 (P); 703-273-4016 (F) email: admin@gotrnova.org

About My Education/Job:

Employment Status: Full-time Part-time Student Not employed
 Retired Other: _____

Place of employment _____ Phone _____

Position _____

Address _____ Suite _____

City _____ State _____ Zip Code _____

Phone number _____ Extension _____

Email _____ Fax number _____

Education/Degrees _____

Employment History (or attach résumé): _____

List any other volunteer experience you have and the length of time you volunteered:

List any experience you have working with children not listed above:

List any special skills / qualifications you feel would be of value to this program:

How did you hear about Girls on the Run of NOVA? _____

List two to three personal references (name & phone number) who we may contact regarding your ability to coach:

- 1) _____
- 2) _____
- 3) _____

Background Check:

All applicants are required to submit to a background check, the results of which Girls on the Run of NOVA will consider in determining your eligibility to volunteer with the program. Please provide the information below and sign the attached Background Check Authorization and Release. Thank you in advance for your cooperation.

_____ SOCIAL SECURITY #	_____ DATE OF BIRTH	_____ DRIVER'S LIC. #	_____ STATE	
_____ OTHER NAMES USED (alias, maiden, nickname)		_____ YEARS USED		
_____ CURRENT ADDRESS				
_____ STREET/ P.O. BOX	_____ CITY	_____ STATE	_____ ZIP	_____ COUNTY OF RESIDENCE

ADDRESSES FOR THE PAST SEVEN YEARS (if you need additional space please use the back of this form)

_____ STREET/ P.O. BOX	_____ CITY	_____ STATE	_____ ZIP	_____ COUNTY	_____ DATES LIVED HERE
_____ STREET/ P.O. BOX	_____ CITY	_____ STATE	_____ ZIP	_____ COUNTY	_____ DATES LIVED HERE
_____ STREET/ P.O. BOX	_____ CITY	_____ STATE	_____ ZIP	_____ COUNTY	_____ DATES LIVED HERE

Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges? Yes No
(if yes, please attach explanation)

Acknowledgment of Volunteer Status:

If I am given and accept a volunteer position with Girls on the Run of NOVA, I understand that Girls on the Run of NOVA or I may terminate that volunteer position with or without cause, and with or without advance notice, at any time. I understand that I am not being retained as a volunteer for any specified period of time and that this application is not intended to be a contract of any kind. I acknowledge that I am not seeking a position of employment with Girls on the Run of NOVA and am seeking an uncompensated volunteer position.

_____ SIGNATURE	_____ DATE
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Thank you for your interest in Girls on the Run of NOVA!

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