

Palm Beach Area Chapter TNT Coach Application

Please review the TNT Coach Information packet before completing this application.

I would like to be considered for a Coach position with Team in Training. I understand that by completing this application, I am not guaranteed a position nor am I committing to accepting a position.

Please Print or Type

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

Fax: _____

Email: _____

Please check the event(s) you are interested in being a Coach for:

RUN

WALK

TRI

CYCLE

____ Fall Season (April-Nov.)

____ Winter Season (July –Jan.)

____ Summer Season (Dec.-June)

Specific Event: _____

Please answer the following questions in detail:

1. How long and in what capacity have you been involved with this specific endurance training? (Name, specific races, events, etc)
2. Please state any previous coaching experience.
3. Are you currently training for/competing in any events with TNT or on your own, if so, which events?
4. If applicable, how long and in what capacity have you been involved with TNT? (name events, reasons, positions held)
5. Why are you interested in becoming a TNT coach?
6. What are the key components/your philosophy to being a good coach? How would you accomplish this, if selected?
7. Are you CPR/First Aid certified and if not, are you willing to become certified?
8. Do you enjoy leading groups and are you comfortable with speaking in front of groups?
9. Are you willing to work with athletes of all levels (novices to advanced)?
10. What knowledge do you have regarding safety issues in your respective sport?
11. Would you be interested in other volunteer opportunities if we cannot use you as a Coach this season?
12. From now until the end of the season, do you anticipate encountering any lifestyle changes or major commitments? (Including, but not limited to: new employment, change of marital status, parenthood, illness, travel, change of residence, etc...)

If you would like to add anything else, please do so!

Please return this application and answers to:

Elizabeth Hughes, Campaign Director

The Leukemia & Lymphoma Society, 4360 Northlake Blvd., Suite 109, Palm Beach Gardens, FL 33410

P: (561) 775-9954

F: (561) 775-0930

TF: (888) 478-8550

E: Hughese@lls.org

*For future events, please submit & your application will be kept on file.

***Please note: completing this application does NOT guarantee you a position as a Coach. All applications received will be reviewed by the Staff & Head Coach.. If you are not chosen for the current season, your application will be kept on file.*