



Girls on the Run of Louisville Coaching Volunteer Application

Please print clearly and return this application with a list of two references to:

Girls on the Run of Louisville
PO Box 6166, Louisville, KY 40206
Phone: 859-229-6148
Email: bcarrithers@gotrlouisville.org

THANK YOU for your interest in volunteering with Girls on the Run! Once you return your application, we will contact you to arrange for an interview. We are looking forward to working with you!

LAST NAME: _____ FIRST NAME: _____ M.I. _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ BIRTHDATE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

ARE YOU CPR CERTIFIED (circle one): YES/ NO

ARE YOU FIRST AID CERTIFIED (circle one): YES/ NO

PREFERRED METHOD OF CONTACT:

E-mail

Home phone (time of day: _____)

Work phone (time of day: _____)

Please answer the following questions:

1. I am interested in serving as a **Girls on the Run**:

____ Head Coach (open to women only age 21 years or older)

____ Assistant Coach (must be 18 years or older)

____ Junior Coach (must be at least 16 years old)

____ Running Buddy for 5K

____ Volunteer for specific site (i.e., bring snacks, prepare lesson materials)

2. I prefer to work with **Girls on the Run**:

____ Weekdays, early afternoons (1:30pm-4pm)

____ Weekdays, late afternoon or early evening (4pm-7pm)

____ Weekends

____ Other - Please list times: _____

3. If you are interested in coaching, please check the area(s) of Louisville that you would prefer to volunteer in [please check all that apply]:

East End

West End

Downtown

Highlands/Crescent Hill

Other- **Please specify:** _____

Additional Information

1. How did you hear about Girls on the Run?

Friend, please share their name with us so we can thank them: _____

Poster/Sign Website Volunteer Fair/Open House Other: _____

2. What is your experience working with children, specifically in 3rd-5th grades?

3. Please list your current and/or past volunteer experience and the length of time you volunteered:

4. Why do you wish to volunteer with Girls on the Run and/or what attracted you to our program?

5. Name one of your strengths and one of your challenges, especially in reference to working with girls.

6. How do you envision your coaching style (if you are planning to serve as a coach or assistant coach)?

7. What do you do to maintain the balance in your life?

8. Why would you be a good role model for these girls?

9. Please list two individuals who can serve as references for you and your character.

Name	Contact Information	Relationship to You

10. Please briefly list your education background.

11. Is there anyone you can recommend who may be interested in volunteering with GOTRL?

Name: _____ Email: _____ Phone: _____

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As a **Girls on the Run** policy, coaches must be drug-free and tobacco-free and must not consume excessive amounts of alcohol. In addition, if a Girls on the Run coach has suffered from an eating disorder, that coach must have completed treatment at least one year prior to the date signed below. Girls on the Run of Louisville reserve the right to dismiss volunteers for violation of this policy. By signing below, you solemnly swear that you are abiding by all of the above policies and the terms set forth in the head or assistant coach job description.

Signature _____ Date _____