Virginia Oaks Sea Devils

Peer Coach Application

Before filling out this application please take time to go over the Peer Coach Expectations.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number/email you can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a member of VOSD? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been swimming in general? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How comfortable are you working with young children between the ages of 4 and 8 years old? (Please circle your answer)

Not at all comfortable Somewhat comfortable Very comfortable

Do you have any conflicts with the schedule of the Developmental Season? If yes, please explain.

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1. In your own words please explain what you think it means to be a Peer Coach.

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1. Why do you want to be a Peer Coach?

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Thank you for your interest in Peer Coaching!