**CSI Coach Mentoring Program Application**

Email to csiswimoffice@gmail.com

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Club | Click here to enter text. |
| Email Address | Click here to enter text. |
| Cell Phone | Click here to enter text. |
| # of Years Coaching | Click here to enter text. | # of Years w/ Current Club | Click here to enter text. |
| Highest Level of Swimmer Achievement as Primary Coach | Choose an item. |
| Name/Season of Swimmer Achievement | Name: Click here to enter text.Season: Click here to enter text. |
| ASCA Member | Choose an item. | ASCA Level | Choose an item. |
| First Choice Mentor(name and team)Second Choice Mentor(name and team)**APPLICATION MUST HAVE 2 MENTOR OPTIONS LISTED TO BE ACCEPTED**Proposed Schedule(include rough agenda and dates) | Name: Click here to enter text.Team: Click here to enter text. |  |  |
| Name: Click here to enter text.Team: Click here to enter text. |  |  |
|  |  |  |
| Click here to enter text. |  |  |
| Areas of Interest | Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| USAS National or LSC Zone/All-Star Team Staffs**Office Use Only**Criteria Emailed To Applicant | Choose an item. |  |  |
| If Other: Click here to enter text. |  |  |
|  |  |  |
| Click here to enter text. |  |  |
| Date Request Emailed To Mentor | Click here to enter text. |
| Mentor Accepted | Click here to enter text. |
| Reimbursement Requested | Click here to enter text. |
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**CSI Coach Mentoring Final Schedule**

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| --- | --- | --- | --- | --- |
|  | **Date** | **Time** | **Activities** | **Learning Outcome Goals** |
| **Day 1** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Day 2** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Day 3** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |