

Previous Volleyball Playing Experience (include any team / individual awards)

HS / Club / College / Other	Year	Position	Accomplishments

Self-Evaluation of Coaching Skills

Please rate your knowledge in these areas relating to coaching volleyball. Rate yourself on a 10 point scale with 10 being the highest and 1 being the lowest.

- | | |
|---|---|
| _____ Practice Management | _____ Drill Development |
| _____ Skill Technique | _____ Systems Development |
| _____ Conditioning | _____ Motivation / Psychology |
| _____ Nutrition | _____ Player Evaluation |
| _____ Match Management | _____ Strategy Development |
| _____ Outside Hitter Training | _____ Middle Blocker Training |
| _____ Setter Training | _____ Libero / Defensive Training |
| _____ Personal Skills (behavior modeling) | _____ Personal Skills (playing ability) |
| _____ Other: _____ | |

Please describe your strengths as a coach and the benefits you would bring to the WEVA High Performance Program if chosen:

Do you have any medical conditions that may affect your ability to coach a WEVA HP team?

_____ No _____ Yes If yes, please explain:

Return completed application to:

WEVA High Performance Program

Attn: Tom Weislo

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Orchard Park, NY 14127

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