

Name _____



North Country Biggest Loser Coaching Application

The following bullets outline the expectations of a NCBL Coach:

-You will attend each class on Tuesdays and Thursdays from Tuesday, October 23, 2018 through April 23, 2019 from 5:00-7:00 PM as well as the first meeting date Saturday October 20, 2018 from 8a – 1:30p. It is very important that if you are selected to be a coach, that you are present at each workout session!

-Your job will be to encourage, motivate, and help the new participants. If you see that participants are struggling, you will be there to help them through whatever it is that they are having trouble with. If you are not able to help, it is your responsibility to seek help from someone else.

-You will lead warm-ups with your fellow coaches at each session right at 5:00.

-You will need to inform the coordinator and/or trainer of any important issues involving any of the participants.

-You may be asked to lead certain workouts or assist the trainers with their workouts.

-You will be asked to attend a brief meeting before the new season begins to review the coaching expectations.

Name _____ Date of Birth ___/___/___

Address _____ Age: _____

Phone # (Home) _____

(Cell) _____

Emergency Contact:

Name: _____ Name _____

Phone #: _____ Phone #: _____

Please answer the following questions completely and honestly.

Why do you want to become a coach for the North Country Biggest Loser program?

How will you contribute to the NCBL program? What do you have to offer?

Why do you think you will make a good coach?

Will you be able to attend the workouts on a regular basis? YES _____ NO _____

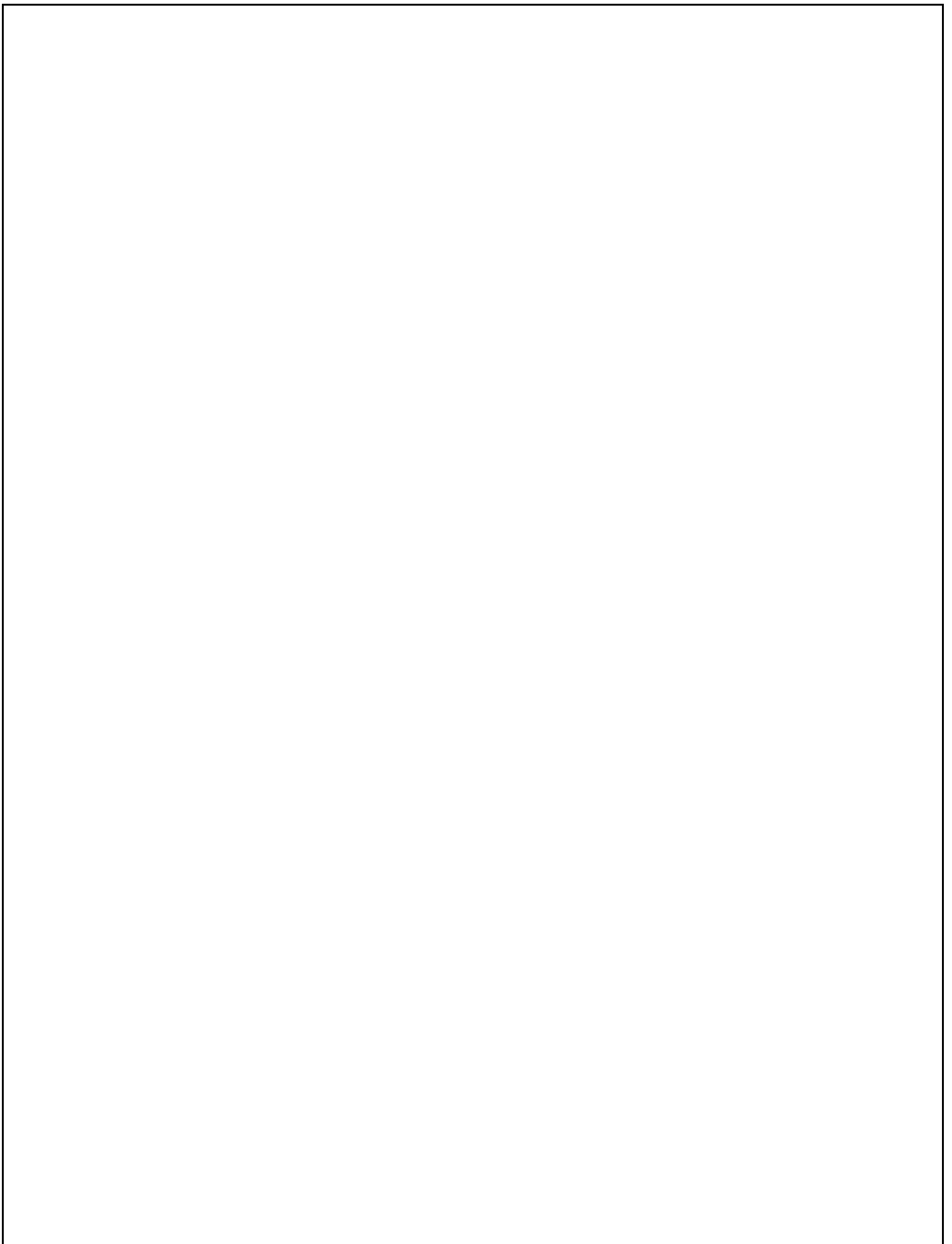
Do you have any prior commitments that we need to know about that will cause you to be late/not present at the workouts? YES _____ NO _____

If yes, please explain:

Do you have any trouble speaking in front of a group? YES _____ NO _____

Will you feel comfortable leading a group workout/warm-up? YES _____ NO _____

In the space below, please add any information that you would like us to know when considering you for a coaching position. Use the back of the paper if needed.



EMERGENCY INFORMATION

****The purpose of this form is to place in an easily accessible file in case of emergency. It is VERY IMPORTANT that you answer all of the questions accurately and to the best of your knowledge/ability, as this will be handed over to medical personnel if necessary.****

Full Name _____ **Date** _____

Date of Birth ____/____/____

Height _____ **Weight** _____ **Age** _____

Do you smoke? Yes ____ **No** ____

Medications and Dosages:

Emergency Contact #1

Name _____ **Phone** _____

Emergency Contact #2

Name _____ **Phone** _____

Are there any other medical conditions that you would like to list?