2017 MIVCA Mentorship Initiative Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Contact Information:**

Athletic Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: A B C D

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach Information:**

Current Position: Varsity Junior Varsity Freshman Middle School Youth (K-5)

Years Coaching: \_\_\_\_\_\_\_\_ Current MIVCA member: YES NO

I would like to participate in the MIVCA Mentorship Initiative as a \_\_\_\_\_ mentor \_\_\_\_\_ mentee

I will need to make a one year commitment to the program and complete an evaluation.

I understand that I will communicate with my mentor/mentee at least every two weeks.

***To be completed by Athletic Director:***

I understand that our school’s volleyball coach would like to participate in the Michigan Interscholastic Volleyball Coaches Association’s Mentoring Initiative for the 2014 school year.

My coach would like to participate in this initiative as a \_\_\_\_\_\_ mentor \_\_\_\_\_\_ mentee.

Athletic Director or Principal Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**M.I.V.C.A. Mentorship Initiative**

In the past several years, there has been a tremendous turnover in our coaching ranks. Many new, young people have entered coaching. In order to welcome them and assist them in working with our young people, the Michigan Interscholastic Volleyball Coaches Association would like to pair our more experienced coaches with those new coaches. This would hopefully give young coaches an avenue to develop a positive relationship with a more experienced coach throughout the year. Coaches could talk volleyball, share ideas, give guidance, answer questions, assist in planning season activities, and provide ways to better communicate with parents and players. We see this as a way to encourage a positive relationship with coaches from around the state and actively engage them in their state association.

**Guidelines:**

1. Current MIVCA member in good standing.

2. A one year commitment for mentor and mentee.

3. Complete mentoring application.

4. The availability to communicate with each other every two weeks.

5. Acknowledgment and confirmation from their athletic director that they would like their coach to participate in the mentoring initiative.

6. Summary/evaluation at the end of the year will be completed by the mentor and mentee and submitted to MIVCA Board.

7. Coaches will be contacted by MIVCA Board member once application is received.

Submit application form to:

Angie Del Morone, MIVCA Board,7403 W. Coldwater Road, Flushing, MI 48433