

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: _____