

# MIVCA Mentorship Initiative Application

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

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

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

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

## School Contact Information:

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

School: \_\_\_\_\_ Division 1 2 3 4

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 this school year.

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

Athletic Director or Principal Signature:

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