



**COACHES EDUCATION PROGRAM**  
LEVEL 1 TRAINER APPLICATION

Application Timeline:

Applications are accepted on a rolling basis. Those submitted after July 15, 2005 will be placed on file and entered into a mailing list for communications regarding Train the Trainer Seminars to be held in 2006.

Level 1 Trainer Baseline Qualifications:

- Committed to representing US Lacrosse and upholding its mission and vision and the mission and vision of the Coaches' Education Program in role of trainer
- Current member of US Lacrosse, maintains active membership throughout duration as active trainer
- At least two years of coaching experience
- Has coached or currently coaches *beginning* players
- Can demonstrate basic lacrosse skills
- Is available to conduct at least two clinics, one in home region and one outside of region, in calendar year from June of training year until June of following year with blackouts during primary lacrosse season (weekend hours may be required).
- Public speaking or teaching experience is desirable
- Previous playing experience also desirable

Prerequisites for Attending Train the Trainer Seminar

- Attendance and observation of a CEP Level 1 Instructional Clinic (see [www.uslacrosse.org](http://www.uslacrosse.org) for a schedule)
- Current PCA Double-Goal Coach certification
- Successful completion of Level 1 Online Course
- Current membership to US Lacrosse

Characteristics of Excellent Trainers:

- Is energetic and enthusiastic
- Has good sense of humor
- Has time management skills
- Is a clear communicator
- Has ability to engage and connect with audience
- Has ability to effectively integrate personal experiences into clinics
- Is extremely familiar with clinic content and learning objectives

Application Requirements:

Please mail, e-mail, or fax the following **typewritten** application, pages 2-4 only, along with a **current resume** (general, non-lacrosse specific) and the **recommendation form** from an outside party (page 5—this may also be faxed, mailed, or e-mailed directly from source) to:

Attn: Erin Smith, Manager of Education and Training  
US Lacrosse  
113 West University Parkway  
Baltimore, MD 21210  
[sportdevelopment@uslacrosse.org](mailto:sportdevelopment@uslacrosse.org)  
Fax: 410-366-6735



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Personal Information

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ City. St/ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home E-mail Address \_\_\_\_\_ Work E-mail Address \_\_\_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City. St/ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_

High School \_\_\_\_\_ Location \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_

Lacrosse Playing Experience:

Summary of Lacrosse Coaching Experience (include additional positions on an attached sheet):

1. Program Name \_\_\_\_\_ Position \_\_\_\_\_ Age level \_\_\_\_\_  
 Dates of service \_\_\_\_\_ City/State \_\_\_\_\_

2. Program Name \_\_\_\_\_ Position \_\_\_\_\_ Age level \_\_\_\_\_  
 Dates of service \_\_\_\_\_ City/State \_\_\_\_\_

3. Program Name \_\_\_\_\_ Position \_\_\_\_\_ Age level \_\_\_\_\_  
 Dates of service \_\_\_\_\_ City/State \_\_\_\_\_

4. Program Name \_\_\_\_\_ Position \_\_\_\_\_ Age level \_\_\_\_\_  
 Dates of service \_\_\_\_\_ City/State \_\_\_\_\_

General Information

Which Level 1 clinic are you interested in becoming a trainer for?

Men's Game \_\_\_ Women's Game \_\_\_

US Lacrosse Chapter in which you reside:

\_\_\_\_\_ (if not sure, see [www.lacrosse.org/chapters/](http://www.lacrosse.org/chapters/))

Are you a current US Lacrosse member?

\_\_\_ Yes; Member number \_\_\_\_\_

\_\_\_ No

Please list the names and contact information for two references

1. Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_



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Please comment on your coaching experience in general. What were some of your biggest successes? Setbacks?

Please describe in detail your experience coaching *beginning* players, including intensity and quality of the experience.

Why are you applying to become a Level 1 trainer?



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What qualifications do you possess that would make you a successful Level 1 trainer?

What are the most important things a new coach needs to know to be successful?

Federal and State agencies request that we ask if you have ever been convicted of a felony?

Yes

No

*By submitting this application, I indicate my desire and ability to attend the Level 1 Trainer's Training seminar and begin the process to become a certified US Lacrosse CEP Level 1 Trainer. I also verify that I have read the materials regarding trainer commitment and qualifications, and will represent US Lacrosse and the Coaches' Education Program's and uphold the mission and vision of the organization to the best of my ability. I understand that I will be required to conduct at least two trainings per year to maintain my status as an active trainer and that my performance and adherence to trainer requirements is subject to review as recommended by the Coaches' Education Committee.*

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Date**



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**Candidate Recommendation Form**

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of candidate \_\_\_\_\_

Relationship to candidate \_\_\_\_\_  
\_\_\_\_\_

Please comment on the following:

Candidate's character

Candidate's coaching ability, general and lacrosse specific

Candidate's public speaking/presentation skills

Candidate's commitment to the sport of lacrosse

Please return this form to the candidate for submission or directly mail, e-mail, or fax this recommendation to:

Attn: Erin Smith, Manager of Education and Training

US Lacrosse

113 West University Parkway

Baltimore, MD 21210

[sportdevelopment@uslacrosse.org](mailto:sportdevelopment@uslacrosse.org)

Fax: 410-366-6735