

# 2009 Summer Deaflympics Swimming Coach Selection Criteria

## **Selection Procedures**

The Swimming Ad Hoc Committee may select and appoint coaches to fulfill its stated purpose. Such coaches may be selected and appointed by majority vote of the appointed selection committee, subject to the requirements below.

## **Requirements**

Prior to the selection and appointment of a coach, the candidate must;

1. Complete the Swimming Ad Hoc Committee Trip List Requirements application and submit it to the Swimming Coordinator;
2. Consent to a series of at least one interview with the selection committee;
3. Demonstrate that he is an accredited coach with USA Swimming, Inc.
4. Demonstrate ability to communicate with all swimmers
5. The Executive Board may at any time remove and replace a coach without cause, subject to the rights afforded to the coach.

## **Selection Committee**

The coach selection committee shall consist of 3 people:

1. Swimming Ad Hoc Committee Director;
2. Swimming Ad Hoc Committee Swimming Coordinator;
3. Former Deaflympic Athlete

## **Submittal of Coach Selection to USADSF**

Swimming Ad Hoc Committee shall recommend to USADSF the coaches selected to serve the national team at international competition.

## **Recording of Coach Criteria**

Swimming Ad Hoc Committee shall keep on file the coach criteria.

## **Expiration of Coaches**

The tenure of any coach will expire after the national team event for which they were selected.

## **Application Procedure**

Submit completed Trip List Application, Resume, and References to:

Caroline Solomon, Assistant Director  
P.O. Box 15038  
Washington, DC 20003

Swimming Ad Hoc Committee – National Team Staff  
**TRIP LIST REQUIREMENTS**

**Coach Requirements**

For consideration applicants must:

1. Be a current coach member of the Swimming Ad Hoc Committee and USA Swimming, with all pertinent valid safety certifications
2. Have a valid passport
3. Currently coach deaf athletes
4. Currently coach in a recognized program (i.e. USA-S, YMCA, HS, NCAA, USMS)

The trip list will be updated on an ongoing basis. Once a coach is listed on the trip list, he/she must remain active. Otherwise, he/she has a six-month grace period to coach an ongoing program and/or deaf athlete or be dropped from the trip list.

**Coaching Experience**

<b>Coaching Level</b>	<b>Experience</b>	<b>Eligibility</b>
<b>I</b>	Meet all coach requirements stated above	May coach domestic competitions and camps
<b>II</b>	Level I plus has experience at one or more team camps and attended a minimum of two domestic national level competitions in a coaching role	All events in Level I, plus international competitions and/or international training camps with the exception of World Championships and Deaflympics
<b>III</b>	Level II plus has domestic experience and has attended a minimum of one international Deaf championship competition in a coaching role or as an athlete	May coach domestic and international competition and camps in supporting roles (i.e. Assistant Coach, Assistant Team Manager).
<b>IV</b>	Level III plus has sufficient international experience (i.e. more than one international competition) in a coaching role or as an athlete	May coach domestic and international competitions (i.e. World Championships, Deaflympics) and is eligible for consideration for all leadership positions (i.e. Head Coach, Team Manager, Team Leader).

Swimming Ad Hoc Committee – National Team Staff  
TRIP LIST APPLICATION

**Please fill in ALL information below and attach the following to this application:**

1. Copy of current NGB Coach Registration Card
2. Copy of Driver's License (if applicable)
3. Copy of Passport picture page
4. Signed USADSF Code of Conduct
5. Knowledge of and adherence to USOC Code of Ethics

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth (City, State, Country): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work Email: \_\_\_\_\_ SS #: \_\_\_\_\_

Current Coaching Position (i.e. Head Coach, Asst Coach): \_\_\_\_\_

Name of Program/Club: \_\_\_\_\_

Program Affiliation (i.e. USA-S, YMCA, etc.): \_\_\_\_\_

Deaf Athletes in your program: (use back if more space needed)

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

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

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

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