



# Internal Coaching Program Coach Application

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**First Name**

**Last Name**

(650)

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**County Phone**

**County email**

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**Job Classification**

**Department**

YES

NO

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**How many employees report to you?**

**Number of Years employed by the County**

**Can you commit to attending all required training and internal coach responsibilities for a 3-year period?**

(650)

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**Supervisor**

**Current Supervisor Phone Number**

## Education, Training and Achievements

List any education, training, and achievements that may be relevant to your selection as an internal coach:

## Supplemental Questions

**Why do you want to be an internal coach?**

**Describe your experience developing employees.**

**Given the coach competencies listed in the program announcement, what are your strengths and what areas do you need to develop?**

## Supervisor and Department Head Recommendation

I recommend \_\_\_\_\_, who reports to me, to participate in the Internal Coach Training Program. I understand the requirements and objectives of the program and agree to support their participation and success.

Comments:

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Candidate Supervisor Signature

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Department Head Signature

*Please email completed application form to Donna Vaillancourt at [dvaillancourt@smcgov.org](mailto:dvaillancourt@smcgov.org)*