



Internal Coaching Program Coach Application

First Name

Last Name

(650)

County Phone

County email

Job Classification

Department

YES NO

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?

YES NO

YES NO

Have you participated in the internal coaching program?

If you are not selected for the internal coaching program at this time, would you be interested in participating in the Manager as Coach Program Training?

(650)

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:

Candidate Supervisor Signature

Department Head Signature

Please email completed application form to Donna Vaillancourt at dvaillancourt@smcgov.org