



Application for PAVO NATIONAL REFEREE CANDIDACY

NAME: _____

ADDRESS: _____

CITY, ST, ZIP _____

SOCIAL SECURITY NUMBER: _____

PHONE: () _____ () _____
HOME OTHER (Work or Cell)

E-MAIL: _____

I. Local PAVO Board with which you are affiliated:

Board Name: _____

Board Chair: _____

II. Criteria: In order to qualify as an applicant, **AT LEAST ONE** qualification from Section A must be checked and verified, and **ONE** qualification from Section B must be checked and verified.

SECTION A: During the past two volleyball seasons, I officiated with one of the following ratings:

- _____ a current PAVO State Rating
- _____ a current PAVO National Rating
- _____ a PAVO Retired National Rating

VERIFICATION: Section A must be verified by your local PAVO Board Chair. **YOU MAY NOT VERIFY THIS SECTION FOR YOURSELF!**

I verify that the information marked in Section A is correct.

Board Chair Signature _____ Date _____

SECTION B: Please mark any of the following events where you have been assigned as a referee in the last two volleyball seasons:

	NCAA DI Championship	NCAA DII Championship	NCAA DIII Championship	NAIA Nat'l Championship	NJCAA (any division) – Nat'l Championship
1 st /2 nd Round				N/A	N/A
Regional				N/A	N/A
Final Round - Championships					

Please describe any events you marked above:

Event Name: _____ Year _____

Event Name: _____ Year _____

Event Name: _____ Year _____

VERIFICATION: Section B must be verified by your local PAVO Board Chair, the Director of the National Rating Team or a current PAVO National official. **YOU MAY NOT VERIFY THIS SECTION FOR YOURSELF!**

I verify that the information marked in Section B is correct.

Signature _____ Date _____

IF you have not checked any boxes in Section B, you must submit recommendations by three (3) different individuals as described on the PAVO National Volleyball Rating Applicant Recommendation form.

Additional Information:

Site of the most recent OTP Clinic attended: _____ Date _____

Site of PAVO OTP camps attended: _____ Date _____

Number of years as an ABO/PAVO State-rated referee _____

Number of years as a USA Volleyball National referee _____

Volleyball leadership positions you have held in volleyball over the past three years _____

Name and phone/email of Officials' Assignors/Supervisors/Coordinators that you work for:

III. Contact the PAVO Central Office at 888/791-2074 or the PAVO web site [www.PAVO.org] for information on rating site locations, then list your first TWO site choices in priority order (*Note-applications with only one site listed will not be considered!!!*):

First choice site assignment _____

Second choice site assignment _____

IV. A check for \$100.00 must accompany this application to be considered as a candidate. If you are not accepted as a candidate, your fee will be refunded.

Please submit the following by March 15: completed application, a copy of last season's officiating schedule, and a check (made out to PAVO) for \$100.00 to:

Mike Carter, NRT Director
712 W. Plymouth St.
Tampa, FL 33603
(813) 228-0068 (home)

I understand that a photocopy of my answer sheet OR electronic results of my on-line (required score – 90%) for the current PAVO Volleyball Theoretical Examination MUST reach the NRT Director no later than two (2) weeks prior to the date of the rating session or my application will be void.

Applicant's
Signature _____

Date _____



PAVO NATIONAL RATING APPLICANT RECOMMENDATION FORM

(Duplicate as needed)

This is to certify that I have observed (candidate's name) _____ as a PAVO volleyball referee and that I recommend this official be considered by the PAVO National Rating Team as an applicant for the National Volleyball Rating.

Most Recent Date Observed: _____

Position of person completing this form (check one):

- _____ College or university women's volleyball coach. (Maximum of 2 recommendations per applicant.)
- _____ PAVO National Rating Team member. (Maximum of 1 recommendation)
- _____ Certifying PAVO Board Chair (Maximum of 1 recommendation)
- _____ PAVO National official with National Tournament officiating experience. National officials may only sign 3 candidates' recommendations per year. (Maximum of 1 recommendation)
- _____ Officiating coordinator or tournament director of a State, Regional, or qualifying women's volleyball tournament. (Maximum of 1 recommendation)

Signature _____

Title _____

Phone Number(s) _____

Date Signed _____