

STRATHROY SOCCER COACHING APPLICATION

1. APPLICANT INFORMATION

Name: _____ Date of Birth: _____
 Address: _____ Residence #: _____
 City / Town: _____ Postal Code: _____ Business #: _____
 E-Mail Address: _____ Fax #: _____

2. COACHING POSITION PREFERRED

PROGRAMS: Mini Soccer - Recreational - Competitive

ORDER OF CHOICES	AGE GROUP & GENDER	CHILD INVOLVED?	IF YES, NAME	CHILD'S BIRTH YEAR
FIRST CHOICE				
SECOND CHOICE				

3. COACHING QUALIFICATIONS

A photocopy of my Coaching Levels have been attached?

Ontario Soccer Association Community Coach Level completed: _____
 Other (please specify) : _____ OSA Number: _____

4. COACHING EXPERIENCE

This is my FIRST EXPERIENCE coaching youth soccer!

If you have coached within the past three years, please indicate (i) The Club; (ii) Age Division/Gender; and (iii) League

2009 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____
 2008 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____
 2007 CLUB: _____ AGE DIVISION/GENDER: _____ LEAGUE: _____

5. PERSONAL REFERENCES

Name: _____ Residence #: _____
 Address: _____ Postal Code: _____
 Name: _____ Residence #: _____
 Address: _____ Postal Code: _____

6. AGREEMENT

A completed Consent to Disclosure Form has been attached?

I have agreed to the role and position, as outlined above, and have accurately completed this application.

Applicant's Signature: _____ Date: _____