COACHING APPLICATION

Position : ☐ Coach ☐ Assistant ☐ Manager

Age Group : Under _____ Co-Ed Under _____ Girls Under_____ Boys Season _____

First Name : _____ Last Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Home Phone : _____ Mobile Phone : _____

Email : _____

Gender : ☐ Female ☐ Male Date of Birth : _____

Coaching License/ID Number : _____

Coaching Experience : Position _____ Years _____ Sport _____

Position _____ Years _____ Sport _____

Background in working with youth : Position _____ Years_____

Experience in soccer : Position _____ Years _____

Previous residence(s) for last 5 years (use back of form if necessary) _____

Have you ever been convicted of a crime of violence? ☐ Yes ☐ No

If yes, please explain (use back of form if necessary) _____

_____

Have you ever been convicted of a crime against a person? ☐ Yes ☐ No

If yes, please explain (use back of form if necessary) _____

_____

Card(s) Received: Red _____ Yellow _____ Date of last card _____

Have you ever been asked to leave a game as a spectator? ☐ Yes ☐ No

If yes, please explain (use back of form if necessary) _____

_____

References: Please list those who are familiar with your character as it relates to working with youth.

Name: _____ Telephone _____

Name: _____ Telephone _____

Name: _____ Telephone _____

_____ _____

Signature Date

Please complete the form above and mail it to:

Oneonta Soccer Club • Attn: Director of Coaching

5001 Route 23 • Suite 3 - Box 108 • Oneonta, NY 13820