

Deception FC Select Soccer Coaching Application



First Name: _____ Last Name: _____

Street Address: _____

Phone: _____

E-Mail Address: _____

Which gender and age group are you interested in coaching:

				Girls	Boys
U10	U11	U12	U13	U14	

Do you have a child in the program: Yes No Child's Name: _____

Years of Coaching experience: _____

Highest level coached: _____

Do you hold any coaching licenses or certifications? (Please list):

What soccer clubs have you been affiliated with: _____

Have you ever had a complaint lodged against you (sustained or not) by a parent, player, coach or a referee? Please explain:

Briefly provide an overview of your coaching philosophy and how you can add value to our program?
Please explain:

Provide 3 references that can vouch for your coaching experience:

1. Name: _____ Phone: _____

Email: _____

How is this person acquainted with you: _____

2. Name: _____ Phone: _____

Email: _____

How is this person acquainted with you: _____

3. Name: _____ Phone: _____

Email: _____

How is this person acquainted with you: _____

By signing below, if selected to coach, I agree to administer my team in accordance with the letter and spirit of the program, policies and otherwise support and adhere to the mission, development philosophy, programs and procedures of NWSC. This is an application for consideration, not a guarantee for selection. All applications will be reviewed by the NWSC Board. If any information provided in this application is later found to be false, we reserve the right to immediately remove you from coaching.

I further certify that statements made on this application and if included my resume or additional documentation are true and correct and they contain no material omissions.

Signature

Date

Please email or scan/email to: competition@nwsc-soccer.com