

COMOX VALLEY UNITED SOCCER
SELECT TEAM
COACHES APPLICATION FORM

Name: _____

Address: _____

Telephone: _____ Email: _____

Employer: _____ Phone: _____

Please mark the appropriate age group you are applying for:

- Boys Girls Coach Asst-coach
- U12 U13 U14 U15 U16 U17 U18

Have you ever attended one of our certification clinics, if so please specify below what level you have:

- Learn To Train
 Soccer for Life
 C Licence Trained
 C Licence Certified
 B Licence Trained
 B Licence Certified

Coaching Experience: Please list here where, when and what sport:

Are you or have you been involved in any other Youth Activities?

- Yes No

Please list:

As a participant, what sport have you been involved in? Give details:

List 3 references from previous coaching experiences.

Do you have a child playing in the age groups you applied for?

Yes No

If your child did not play on the team, would you still be willing to coach that team?

Yes No

Have you filled out your risk management form and criminal record check?

Yes No

Please answer the following questions on a separate piece of paper and submit with your application.

1. What is your general coaching philosophy for coaching a select soccer team?
2. Describe your coaching objectives for the season?
3. What role does effective communications play in the operation of a select soccer concerning:
a) players? b) team support? c) parents?
4. What is the role of the Club Executive with respect to the select team?
5. Would you have team rules? What measures would you use for team/player discipline if your rules were not observed?
6. How will you approach player field/development and utilization of all your team members at the select level?

I acknowledge: I am familiar with, and agree to abide by the bylaws and polices of the Comox Valley United Soccer Club. Further, I agree to authorize reference checks as conditions of coaching within the Club.

Signature _____ Date _____