



Youth Soccer Coaching Application

Organization Name: _____ Season/Year: _____

Position Applying For: Head Coach Assistant Coach Other: _____

Personal information

- Full Name: _____
- Date of Birth: ____ / ____ / ____
- Address: _____
City: _____ State: _____ Zip: _____
- Primary Phone: _____
- Email: _____
- Preferred Contact Method: Phone Text Email

Coaching background

- Playing Experience (if any):

- Coaching Experience (teams, ages, levels, years):

- Current Coaching Licenses/Certifications (e.g., Grassroots, D, C, etc.):

- First Aid/CPR Certified? Yes No If yes, Expiration Date: ____ / ____ / ____
- SafeSport Certified? Yes No If yes, Expiration Date: ____ / ____ / ____
- Age Groups You Prefer to Coach (check all that apply): U6 U8 U10 U12
 U14 U16 U18

Coaching philosophy

Please describe your coaching philosophy, including how you approach player development, sportsmanship, discipline, and creating a positive environment for youth athletes.

Availability

- **Days Available to Coach:** Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday
- **Times Available:** _____

References

Please list at least two references who can speak to your character and/or coaching experience.

1. **Name:** _____ **Relationship:** _____
Phone: _____ **Email:** _____
2. **Name:** _____ **Relationship:** _____
Phone: _____ **Email:** _____

Background and compliance

- **Have you ever been convicted of a crime?** No Yes (If yes, please explain below)
- **Have you ever been suspended or disciplined by a sports organization, school, or league?** No Yes (If yes, please explain below)

Drug testing consent

By signing below, I acknowledge and agree to the following:

I understand that as a condition of serving as a youth soccer coach with this organization, I may be required to undergo drug testing, in accordance with the organization's policies and applicable laws. I hereby consent to submit to such drug testing if requested and understand that refusal to submit to testing, or a positive test result (subject to any confirmatory procedures and applicable policies), may result in denial or termination of my coaching role.

Applicant Initials: _____ **Date:** ____ / ____ / _____

SafeSport certification agreement

By signing below, I acknowledge and agree to the following:

I understand that protecting youth athletes from abuse, misconduct, and unsafe environments is a core priority of this organization. I affirm that:

- I am currently SafeSport certified and will maintain my certification while coaching, OR
- I am not currently SafeSport certified, but I agree to complete SafeSport training and obtain certification within the timeframe required by the organization, and to renew it as required.

I agree to comply with all SafeSport policies, mandatory reporting requirements, and the organization's codes of conduct related to athlete safety and wellbeing.

Applicant Initials: _____ **Date:** ____ / ____ / _____

Coach code of conduct acknowledgment

By signing below, I affirm that I:

- **Will prioritize player safety, development, and enjoyment** over winning.
- **Will model respectful behavior** toward players, parents, officials, and opponents.
- **Will follow all league and club rules, policies, and codes of conduct.**
- **Will communicate appropriately and professionally** with players and families.
- **Will never engage in physical, emotional, or verbal abuse** of any player, parent, or official.

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may result in denial or termination of my coaching role.

Applicant Signature: _____ **Printed Name:** _____
_____ **Date:** ____ / ____ / _____

For Club/Organization Use Only: Reviewed by: _____ Date: _____
/ ____ / _____ Approved Not Approved Notes: _____