

**St. Catharines Roma Wolves Soccer
2019 Outdoor Season Coaching Application Form**

Name:	Tel.#	Cell #
Address		
City:	Province:	Postal Code:
Preferred Email Address:		

Coaching Qualifications Held:

<input type="checkbox"/> None <input type="checkbox"/> Active Start <input type="checkbox"/> Fundamentals <input type="checkbox"/> Learn to Train <input type="checkbox"/> Soccer for Life		
Respect in Soccer #:	NCCP #:	MED Completed (Yes/No)

Coaching Experience:

Highest Level You have Coached:
<input type="checkbox"/> None <input type="checkbox"/> House League <input type="checkbox"/> NSL <input type="checkbox"/> Ham MJ League <input type="checkbox"/> Other _____
Have you Coached at St. Catharines Roma Before?
What Year and Age?

Desired Role:

<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager	Boys Girls	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">U7 ___</td> <td style="width: 50%;">U13 ___</td> </tr> <tr> <td>U8 ___</td> <td>U14 ___</td> </tr> <tr> <td>U9 ___</td> <td>U15 ___</td> </tr> <tr> <td>U10 ___</td> <td>U16 ___</td> </tr> <tr> <td>U11 ___</td> <td>U17 ___</td> </tr> <tr> <td>U12 ___</td> <td>U18 ___</td> </tr> </table> <p>** please indicate A, B, or C team</p>	U7 ___	U13 ___	U8 ___	U14 ___	U9 ___	U15 ___	U10 ___	U16 ___	U11 ___	U17 ___	U12 ___	U18 ___
U7 ___	U13 ___													
U8 ___	U14 ___													
U9 ___	U15 ___													
U10 ___	U16 ___													
U11 ___	U17 ___													
U12 ___	U18 ___													

Describe Previous Coaching Experience and Accomplishments:

Candidates who have not given a police check to the club within the last two playing years must submit to the club before tryouts can begin for the team if the candidate is successful.

Coaches must undergo an interview process if they are new to the club, or if there are more than two candidates wishing to have the position, or at the discretion of the St. Catharines Roma Coach Selection Committee.

Internal Use Only:

Authorized Executive Member:	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Signature:	Date:
Comments:	

