

St. Catharines Roma Soccer Coaching Application Form

____ 2024 Outdoor / TRAVEL ____ 2024 House League

| Name: | Tel.# | | | Cell # | |
|--|---------|----------|---|-----------------------|--|
| Address: | | | | | |
| City | | Province | | Postal Code | |
| Preferred Email Address: | | | | | |
| Coaching Qualifications Held: | | | | | |
| □ None □ Active Start □ Fundamentals □ Learn to Train □ Soccer for Life □ C-Licence OTHER: | | | | | |
| Respect in Soccer #: | NCCP #: | | MED & Making Headway Completed (Yes/No) | | |
| Coaching Experience: | | | | | |
| Highest Level You have Coached: | | | | | |
| □ None □ House League □ All-Star ② NYSL/NRGSL □ League1 □ Other | | | | | |
| Have you Coached at St. Catharines Roma Before? | | | | | |
| What Year and Age? | | | | | |
| Desired Role: | | | | | |
| ☐ Head Coach | ☐ Boys | | □ U7 | □ U13 | |
| ☐ Assistant Coach | ☐ Girls | | □ U8 | □U14 | |
| ☐ Manager | | | □ U9 □U10 | □ U15 □U16 | |
| | | | □U10 □U11 | □U16 □U17 | |
| | | | □U12 A | □ U18 | |
| | | | | icate A, B, or C team | |

| Describe Previous Coaching Experience and Accomplishments: | |
|---|---|
| | |
| Signature: | |
| Date: | |
| Candidates who have not given a police check to the club within club before tryouts can begin for the team if the candidate is su Coaches must undergo an interview process if they are new to wishing to have the position, or at the discretion of the St. Cath | ccessful. the club, or if there are more than two candidates |
| Coaches currently holding a Team Official role within our Club r not confirmed until interview and follow up has taken place. | nust be interviewed. Team Official positions are |
| Internal Use Only: | |
| Authorized Executive Member: | □ Accepted □ Denied |
| Signature: | Date: |
| Comments: | |
| | |

