

St. Catharines Roma Soccer 2020 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"/> Child (Level 1) <input type="checkbox"/> Youth (Level 2) <input type="checkbox"/> Senior (Level 3) <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"/> All-Star <input checked="" type="checkbox"/> NSL <input type="checkbox"/> HMJ <input type="checkbox"/> GHSL <input type="checkbox"/> Other _____
Have you Coached at St. Catharines Roma Before? ____ Yes _____
What Year and Age? _____

Desired Role:

<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager	<input type="checkbox"/> Boys <input type="checkbox"/> Girls	<input type="checkbox"/> U7 ____ <input type="checkbox"/> U13 ____ <input type="checkbox"/> U8 ____ <input type="checkbox"/> U14 ____ <input type="checkbox"/> U9 ____ <input type="checkbox"/> U15 ____ <input type="checkbox"/> U10 ____ <input type="checkbox"/> U16 ____ <input type="checkbox"/> U11 ____ <input type="checkbox"/> U17 ____ <input type="checkbox"/> U12 ____ <input type="checkbox"/> U18 ____ ** please indicate A, B, or C team
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Describe Previous Coaching Experience and Accomplishments:

Signature: _____

Date: _____

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:	

