

Caledon Soccer Club

P.O. Box 119, Station Main, Caledon East, ON L7C 3L8

2011 Coaching Application

Application Deadline October 10/10

Name _____ Phone: (H) _____
Address _____ Phone: (B) _____
City _____ Cell: _____
Postal Code _____ Email: _____

Coaching Position(s) applied for
Girls or Boys _____ Age Group _____
Head or Assistant _____ Level _____

National Coaching Certification (Please indicate soccer coaching levels attained and NCCP Passport #)

Other Relevant Certification, Training or Coaching Experience

Coaching Experience with the Caledon Soccer Club

Year	Head or Assistant	Girls or Boys	Age Group	Level	Team Name

Other Soccer Coaching Experience

Year	Head or Assistant	Girls or Boys	Age Group	Level	Team Name

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References (Please provide the names of at least two people willing to provide references as to your coaching suitability and general character)

Name _____ City _____ Phone _____

Name _____ City _____ Phone _____

Soccer Playing Experience

Coaching Philosophy and Objectives

Declaration

I declare that the information provided above is complete and accurate in all respects. I will consent to, and promptly apply for, a Criminal Record Check, and agree that I will not be assigned a team until such time as I successfully complete the Criminal Record Check process to the satisfaction of the Caledon Soccer Club.

Signature: _____ Date: _____