



SCARBOROUGH BLIZZARD YOUTH SOCCER CLUB COMPETITIVE COACHING APPLICATION

General:

Name: _____ Tel Home: () _____
Address: _____ Tel Bus: () _____
City: _____ Fax: () _____
Postal Code: _____ Email: _____
Position: Coach: _____ Manager: _____ Other: _____
Age Group: _____ Boys: _____ Girls: _____

Coaching Qualifications:

OSA Registrant Number: _____

Community Coach: Child _____ Youth _____ Senior _____ Provincial "B" _____

N.C.C.P. Theory Courses Yes _____ No _____ Level Obtained: _____

Previous Coaching Experience:

Year: _____ Club: _____ League: _____ Age Group: _____

Year: _____ Club: _____ League: _____ Age Group: _____

Additional Coaching Information: _____

Personal References:

A.
Name: _____

Address: _____

Tel: _____

Relationship: _____

B.
Name: _____

Address: _____

Tel: _____

Relationship: _____

Declaration: *I have reviewed and agree to the role and position as defined and have accurately completed this application and understand that the above references may be contacted.*

Signature: _____ **Date:** _____

Requirements:

1. Photocopy of Coaching Levels should be attached to the Application.
2. A Police Records Check should be signed off by the Screening Officer of the Club.
3. A personal interview will be scheduled with the Screening Committee.

Date Received: _____ Signature: _____

Photocopy of Qualifications Date Completed: _____ Initials: _____

Police Record Check Date Completed: _____ Initials: _____

Reference Check Date Completed: _____ Initials: _____

Interview Date Completed: _____ Initials: _____

This application is submitted and held in confidence.