

## **Kemptville District Soccer Club Coach Application Form**

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Name: (Surname, Given)
Street Address:
City/Town:
Postal Code:
Home Phone:
Cell Phone:
E-Mail Address:

## **Preferred Coaching Position**

Treferred codefining resident					
1 <sub>st</sub> Choice	2 <sub>nd</sub> Choice	3rd Choice			
Age:	Age:	Age:			
Boys / Girls (Circle one)	Boys / Girls (Circle one)	Boys / Girls (Circle one)			
Do you have a child(ren) playing in a KDSC Program? Yes / No (Circle one)					

In order to assist us in planning for future training programs, please answer the following:

I am interested in being assessed/evaluated for the advancement of my coaching skills: Yes / No (circle one)

I am interested in pursuing further coaching certification courses or licenses: Yes / No (circle one)

## **Coaching Qualifications**

NCCP#				
Highest Level of Certification:				
Highest Level Coached:				
Number of Years Coaching:				
Last Year Coached:				

	ist any other re ites or experier		ations (ie: trainer certificates, other coaching or teaching			
Requi	irements					
2.	submit a curre information. A personal int	ent police check erview with the didates may be	S Volunteer screening policy any competitive coach must cevery two years. Please refer to the Club policy for more Club Head Coach and Director of Competitive Operations required to conduct a practice prior to selection to a			
Agree	ement and	Signature				
underst	By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Coach volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.					
Signatu	re:					
Date:						
Resur	ne					
A perso	nal resume ou	tlining your qua	alifications for a coaching position may be attached.			
	Use Only oplication is s	submitted and	d held in confidence			
Receiv	/ed:					
Club c	ut off date:					
Photocopy of qualifications or OSA card received:						
Police criminal record/vulnerable sectors check received:						
Verific	ation date:					
Persor	nal reference	s checked:				
Date c	ompleted:					
Intervi	ew:	Date:	Time:			
Practic	e Session:	Date:	Time:			
Resum	ne: Yes / No					