



**AYSO Region 722
Advanced Competition Teams
Coaching Application
2009-2010**



SECTION A - Basic Information

Name:	Home Phone:
Mailing Address (include apartment, rural route, etc. as appropriate):	Work Phone:
	Cell Phone:
Primary Email Address:	Alternate Email Address:
Position Applying For: <input type="checkbox"/> U9 Girls <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U9 Boys <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U10 Girls <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U10 Boys <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U11 Girls <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U11 Boys <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U12 Girls <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U12 Boys <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U13 Girls <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U13 Boys <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U14 Girls <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant <input type="checkbox"/> U14 Boys <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant	
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 I am interested in pursuing further coaching certification courses or licenses: ___ Yes ___ No	

SECTION B - Coaching Information

Number of teams served as Head Coach:	Number of teams served as Assistant Coach:
Circle divisions previously coached:	U6 U8 U10 U12 U14 U16 U19
AYSO Coaching Certification (circle all that apply):	None Youth Intermediate Advanced
Referee Badge Level (circle one):	None Regional Intermediate Advanced National
Other Training (describe):	
Other Volunteer Positions (referee, instructor, board member, etc.):	

SECTION 3—References

Professional Reference (employment, school, church, etc.)	
Name:	Home Phone:
	Other Phone:
Personal References (non-relative, known at least one year)	
Name:	Home Phone:
	Other Phone:
Name:	Home Phone:
	Other Phone:



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SECTION D - Philosophy and Focus

What is your coaching philosophy, objectives and goals? (attach additional sheet if necessary)

SECTION E - Emergency Contact

Person to notify in case of emergency:	Home Phone:	Cell Phone:
Doctor to notify in case of emergency:	Phone:	

As a condition of volunteering, I consent to the investigation of all information set forth in this application and agree to a background check, which may include a review of sex offender registries, child abuse and criminal history records. I hereby release and hold harmless from liability AYSO Region 722, the officers and volunteers thereof, or any other persons or organization that may provide such information. I also understand that regardless of any previous appointments, AYSO Region 722 is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension or removal by the Region 722 Executive Board.

If selected, you will have the opportunity to coach some of the most talented players in Region 722. We will be entrusting you with the care and welfare of these players, in addition to the long-term welfare of our Region's soccer program. It is understood that the Region Board desires the coach and each of these players to return the following year to our program in order to share with other players in Region 722 their experiences and skills acquired during the ACT Season. It is further understood that if the coach elects to leave and takes these players to another program, that coach is exempt from any future participation in AYSO Region 722 and it's ACT Program.

Signature:	Date:

Region 722 Use Only

Date Received:	Interview Date:
References Checked:	Volunteer Form Completed:
Notes:	
ACT Coordinator Approval:	Regional Commissioner Approval: