



2010 REPRESENTATIVE COACH APPLICATION

APPLICATION CLOSING DATES: U8 Male & Female – Sept.01/09 5PM | U9-U18 Male & Female – Sept.08/09 – 5PM

Name: _____

Address: _____

City: _____ Province: _____ P/C: _____

Phone: _____ Email: _____

Cell Phone: _____ Passport Size Photo: ***Please include ***

AGE GROUP YOU WISH TO COACH IN 2010

Male Female Specify age group: _____

PREVIOUS RELEVANT EXPERIENCE

Club registered with in 2009: Newmarket Other _____

Team Coached in 2009: _____
Attach additional supporting documentation/information if available.

Last Date of Personal Development: _____

Upcoming Dates For Personal Development: _____

COMMUNITY COACH CERTIFICATION

Recognized Levels Completed:
 Children's (U6-U10) Youth (U10-U14) Senior (U14+) Laws of the Game

Last Certification Date (MM/DD/YY): _____

Other Soccer/ Sporting Qualifications: _____

Please contact the Technical Director for more information about in-house and certification coaching clinics.

***** Please provide a photocopy of the certificates to be considered valid *****

*Thank you for your interest, however, only those candidates selected for an interview will be contacted.
 All applications must be accompanied by a successfully completed Vulnerable Sector Screening form (YRP149-12/08).
 Any and all coaching applications forms different from this one will be null and void.
 All competitive coaches interested in applying for a coaching position must have obtained a Community Senior level certificate.*

Signature: _____ Date: _____

NEWMARKET SOCCER CLUB ■ UNIT 28 (LOWER LEVEL) MAGNA CENTRE – 800 MULOCK DRIVE ■ NEWMARKET ■ ON ■ L3Y 9C1
 TEL: 905.836.8761 ■ FAX: 905.836.9473 ■ WWW.NEWMARKETSOCCER.COM



VOLUNTEER REFERENCE CHECK

*** Please complete 3 references ***

Name of **Volunteer** Requesting Reference: _____

The above named volunteer has applied to be a ...

Coach **Assistant Coach** **Team Manager** or **Trainer** for the Newmarket Soccer Club and he/she provided your name as a reference. We would appreciate your assistance by answering the following questions.

Your Name (Reference): _____

Phone #: _____ Email: _____

How long have you known the above-named **volunteer**?

What is your relationship with the **volunteer**?

Is there any reason why we shouldn't allow this **volunteer** to fulfill the position he/she has applied for?

*All information included will be treated with strict confidentiality.
Thank you for your support!*

Signature of Reference

Date (MM/DD/YY)