

Cobras F.C. Coaching Application

Given Name		Surname		Date of Birth dd/mm/yy	
Address:	Street:			Postal Code	
	City		Province		
Home Phone:			Work Phone:		
E-Mail					

Please answer the following questions so that we may be able to access your abilities and how we would be able to assist you in making your coaching more enjoyable.

1. How many year of soccer playing experience do you have? _____ What is the highest level you played at? _____
2. How would you rate your soccer knowledge in the following areas;

Theory?	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Skills?	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
General knowledge?	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
3. How many years coaching (any sport) experience do you have? _____ How many year were soccer? _____
4. Do you have any first aid or medical training, if so what is it? _____
5. What is your current coaching qualification level? None : Child (1) : Youth (2) : Senior (3) : Other _____
6. Would you be interested in taking coaching courses? Yes No
7. Would you be willing to assist other coaches with their teams? Yes No
8. How would you explain your coaching style?

9. Additional Comments: (Use the back if you need more room)

The Cobras Minor Soccer Association is concerned with the safety of all our players and therefore we will be conducting a screening process on all our coaching applicants, which may require a police and reference check. The information will be kept confidential and will only be used to determine if the applicant would be a suitable candidate for a coaching position.

I _____, authorize the President of the Cobras Minor Soccer Association or his/her designate to conduct a screening of my application for the sole purpose of establishing my suitability as a coach for this Association and my involvement with children. The information obtained by the club is to be kept confidential.

Signature of Applicant: _____ Date: _____

Witness: _____ Date: _____

OFFICE USE

Date received by Head Coach: _____

Date contacted by Head Coach: _____

Screening result: _____ Conducted by: _____

Approved: Yes No