

THE INTERNATIONAL SOCCER CLUB

In Mississauga



COACHING Application

NAME _____

ADDRESS _____

TELEPHONE (DAY) _____ (EVENING) _____

EMAIL _____

WHAT AGE GROUP ARE YOU APPLYING FOR? _____ GENDER: M F

DO YOU HAVE A SON/DAUGHTER PLAYING IN THE CLUB? YES NO

IS THIS PLAYER EXPECTED TO BE ON YOUR TEAM? YES NO

PLEASE DETAIL YOUR EXPERIENCE WORKING WITH YOUNG PEOPLE IN ACTIVITIES OTHER THAN SOCCER

PLEASE DETAIL YOUR SOCCER PLAYING/COACHING EXPERIENCE, INCLUDING PERFORMANCE AND HIGHLIGHTS

PLEASE DETAIL YOUR COACHING QUALIFICATIONS AND/OR CERTIFICATION.

PLEASE PROVIDE 2 COACHING REFERENCES

1. _____

2. _____

I CONFIRM THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE AND ACCEPT THAT MY APPLICATION MAY REQUIRE A SCREENING POLICE CHECK.

SIGNED _____ DATE _____

Please return completed application and resume to:
THE INTERNATIONAL SOCCER CLUB
Head Coach
PO Box 21108 Meadowvale RPO
Mississauga, Ontario L5N 6A2
Email: info@internationalsoccerclub.ca