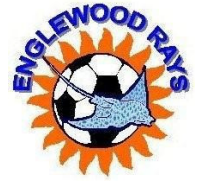


Englewood Youth Soccer Association Competitive Coaching Application



We are interested in your background and experience with soccer and coaching. This will help EYSA select coaches who can provide the best environment and most positive learning experience for our players. It is the mission of EYSA\FYSA Soccer to promote and nurture the advancement of the sport of soccer in the State of Florida. In order to accomplish this mission, we must work to provide a safe environment that fosters mutual respect and offers our children the opportunity to develop athletically and socially. As such, we require that coaches, referees, volunteers and administrators do not have a history of criminal or violent behavior. *You will be required to undergo a background check as part of this process. There is no cost to you.*

EACH COACHING CANDIDATE MUST COMPLETE THIS APPLICATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone, Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Age Group, Gender, & Level Desired (Check All Applicable):

- | | | | | | |
|------------------------------------|-------------------------------------|------------------------------------|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> U09 Boys | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant | <input type="checkbox"/> U14 Boys | <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"/> U15 Boys | <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"/> U16 Boys | <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"/> U17 Boys | <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"/> U18/19 Boys | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant |
| <input type="checkbox"/> U09 Girls | <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"/> U10 Girls | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant | <input type="checkbox"/> U15 Girls | <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"/> U16 Girls | <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"/> U17 Girls | <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"/> U18/19 Girls | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant |

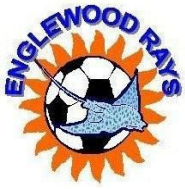
Do you have a child or relative who might play at this level: Yes No

If yes, list the child's or relative's name: _____

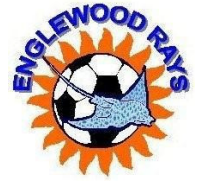
1. List all current soccer coach licenses held and soccer coach training completed.

2. List your previous coaching experience, including other youth sports, if any. Note at what levels you've coached, how many years, and in which community/association.

3. List your playing experience, if any. Note at what levels you played, and how many years.



Englewood Youth Soccer Association Competitive Coaching Application



4. Provide a brief description of your main goals as a youth soccer coach and your coaching philosophy for youth athletes.

5. Describe your strengths & weaknesses as a coach.

6. Have you ever been ejected or otherwise disciplined for coaching or spectator conduct at a youth athletic event? Yes No (If yes, please explain):

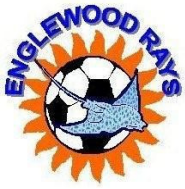
7. Have you ever been terminated from or been asked to resign your position with a youth organization? Yes No (If yes, please explain):

8. Have you ever been subject to disciplinary action, placed on probation, or suspended by a youth organization as a result of disciplinary action? Yes No (If yes, please explain):

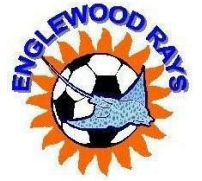
9. Have you had any prior experience working with young people? Yes No (If yes, briefly describe where and when):

10. List your current employer and your job responsibilities.

11. Provide background information or comments that you believe will aid in the coach selection process.



Englewood Youth Soccer Association Competitive Coaching Application



Please provide contact information for two to five references from teams for which you have coached in the past five years. The references should include at least one parent or player and at least one person who were responsible for hiring or supervising you as a coach (i.e. Director of Coaching or Travel Director). *Attach any letters or supporting documents on your behalf.*

Please email your application to soccer@moscorp.com or mail to:

Coaches selection Committee
Englewood Youth Soccer Association
P.O. BOX 1634
ENGLEWOOD, FL 34295

Thank you in advance for your interest in coaching.

References

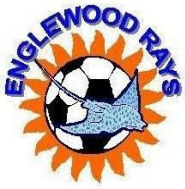
Name: _____
Phone, Home: _____ Work: _____ Cell: _____
E-mail Address: _____
Team Age, Gender, Level, & Club/School: _____
Relationship with team: **Parent** **Player** **Supervisor/Director**

Name: _____
Phone, Home: _____ Work: _____ Cell: _____
E-mail Address: _____
Team Age, Gender, Level, & Club/School: _____
Relationship with team: **Parent** **Player** **Supervisor/Director**

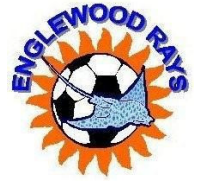
Name: _____
Phone, Home: _____ Work: _____ Cell: _____
E-mail Address: _____
Team Age, Gender, Level, & Club/School: _____
Relationship with team: **Parent** **Player** **Supervisor/Director**

Name: _____
Phone, Home: _____ Work: _____ Cell: _____
E-mail Address: _____
Team Age, Gender, Level, & Club/School: _____
Relationship with team: **Parent** **Player** **Supervisor/Director**

Name: _____
Phone, Home: _____ Work: _____ Cell: _____
E-mail Address: _____
Team Age, Gender, Level, & Club/School: _____
Relationship with team: **Parent** **Player** **Supervisor/Director**



Englewood Youth Soccer Association Competitive Coaching Application



I agree that I will abide by the rules of EYSA. Recognizing the possibility of physical injury associated with soccer, and in consideration for EYSA accepting the registrant for its soccer programs and activities (the "Programs") hereby release, discharge and/or otherwise indemnify EYSA and associated personnel, including the owners of the fields, and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

It is the intent of the EYSA to accept coaches, referees, administrators and volunteers without a prior history of violence, child abuse or neglect. The information given in this statement is subject to verification. This may include a criminal history record check, verification of your motor vehicle record or publicly available background information. The answers to these questions are truthful and correct. As a condition of volunteering, I give permission for EYSA to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability EYSA, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, EYSA 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 by the EYSA BOD and removal by the Board of Directors for violation of EYSA policies or principles.

Applicant Signature _____ Date _____
Applicant Name (print) _____