

UVYSL Coaching Application

Team for which you are applying:

Boys/Girls: _____ Under (age) _____ Class (I, III) _____

Is this your only choice? ___ Yes ___ No

If no, please give second choice: Boys/Girls: _____ Under (age) _____ Class (I, III) _____

Who will be your assistant coach and manager?

Assistant Coach _____ Manager _____

PART I – PERSONAL INFORMATION:

First Name: _____ **Last Name** _____

Address: _____

City: _____ **Zip Code:** _____

Birth Date: _____ **Sex:** (M) _____ (F) _____

SS#: _____ **Drivers License #:** _____

Home Ph. #: _____ **Cell Ph. #:** _____

Work Ph. #: _____ **FAX #:** _____

Email address: _____

PART II - COACHING AND TRAINING EXPERIENCE:

State the number of years you have coached competitive soccer: _____

State the number of years you have coached recreation soccer: _____

Describe your coaching experience. Attach additional information, if needed.

Years/Season	Level	Age Group	Gender	Summary of Season
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

State the highest soccer coaching license obtained: _____

Describe your level of coach's training/license/clinics:

Year	License/Clinic/Training	Instructor	Additional Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART III – PERSONAL PLAYING EXPERIENCE:

Describe your playing experience in terms of youth, high school, college or professional.

No. of years	Level of Play	Additional Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV – QUESTIONNAIRE:

___ Yes ___ No Are you a Registered Referee? If so what grade? _____

___ Yes ___ No If you are selected to coach, will you adhere to the governing policies and guidelines of UVYSL?

___ Yes ___ No A coach is responsible for the conduct of his/her team, including players and parents. If selected to coach, will you be conscientious about overseeing the team's conduct and adherence to the rules?

___ Yes ___ No Have you received a Red/Yellow card as a coach within the last 5 years? If so, how many and when? _____

___ Yes ___ No Have you ever been suspended by a league? If yes, please explain: _____

___ Yes ___ No Have you ever been convicted of a crime of violence?

___ Yes ___ No Have you ever been convicted of a crime against children?

___ Yes ___ No Have you ever been convicted of a crime against an individual?

___ Yes ___ No Have you ever been convicted of fraud?

___ Yes ___ No Have your ever been convicted of a felony?
If yes to any of these, please explain: _____

PART V – REFERENCES:

List two people (who we may contact) that have relevant knowledge of your coaching ability, style and professionalism that is not a family member.

Name	Phone	Address	Additional Information
_____	_____	_____	_____
_____	_____	_____	_____

Proposed Program:

Your goals and objectives for the Team:

Player Selection:

Key evaluation criteria:

I have read and understand this application. I have answered truthfully and completely.

Signature _____ Date _____

Please submit the following information:

Original Coaching Application

Copy of your Coaching License

Copy of your Referee License

APPLICATIONS ARE DUE FEBRUARY 25

Return Application to:

Ukiah Valley Youth Soccer League

Attn: Select Coordinator

PO Box 1142

Ukiah, CA 95482