**SUMMERSIDE UNITED SOCCER CLUB**

**APPLICATION FOR COACHING POSITION 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | Phone: |
| Address: | | | Email: |
| City: | Province: | PC: |  |

**PREFERRED COACHING POSITION**

\_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Co-Coach

**PREFERRED TEAM LEVEL: Please circle preferences**

Gender: Boys or Girls

Age: Mini Program, U-9, U-11, U-13, U-15, U18, Senior

Team Division: Premier / First Division / Second Division

**COACHING CERTIFICATION/TRAINING**

a) What is your current certification level?

b) In what year did you obtain this level? Where did you obtain your certification?

c) List other coaching courses or training activities that you have been involved in:

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**COACHING EXPERIENCE (List in order, beginning with your most recent experience)**

|  |  |  |
| --- | --- | --- |
| Date / Year | Team/ Level | Organization |
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□ Please see attached resume

**Summerside United Soccer Club**

**Application for Coaching Position 2024- continued page 2**

**PLAYING EXPERIENCE (List in order, beginning with your most recent experience)**

|  |  |  |
| --- | --- | --- |
| Date | Team/ Level | Organization |
|  |  |  |
|  |  |  |
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**CRIMINAL RECORD CHECK:**

Have you submitted an application to the Summerside Police Services for a Criminal Record Check? Yes\_\_\_\_\_ No\_\_\_\_\_

If you checked YES, please attach current verification of this. If you checked NO, please make arrangements to have this process completed and present verification of this. NO COACH WILL BE PERMITTED ON THE FIELD WITH HIS/HER TEAM WITHOUT THIS VERIFCATION.

**REFERENCES:** Please list at least three references (some examples include one from a parent of a child who has been coached by you previously; an individual who you have coached with; a volunteer you have worked with; or a professional reference).

1.

2.

3.

**OTHER QUESTIONS:**

1. If selected as a SUSC coach, will you be willing to be evaluated by both parents and players? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If selected as a SUSC coach, will you be willing to sign a “Coach's Agreement”? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email completed forms for age groups U9 and U11 to : [susccoaching@gmail.com](mailto:susccoaching@gmail.com)

Email completed forms for age groups U13,U15,U18 to: [susccoaching@gmail.com](mailto:susccoaching@gmail.com)