

St. John's Soccer Club

## 2022 HOUSE LEAGUE VOLUNTEER COACHING APPLICATION FORM

| CONTACT INFO   | RMATION (to be completed by the applicar         | nt):            |                 |                                    | SECTION 1 |
|--|--|-----------------|-----------------|------------------------------------|-----------|
| Name   |  |                 |                 |                                    |           |
| Address  |  |                 | City            |                                    |           |
| Postal Code  |  |                 |                 |                                    |           |
| Telephone  | (home)   | (other)         |                 |                                    |           |
| Email  |  |                 | Birthdate       |                                    |           |
| T-Shirt Size   | Small  Medium Large XL                           | □ XXL □         |                 |                                    |           |
| COACHING HIST<br>would be an asse  | TORY (we do not require coaches to have t        | aken coaching   | courses or have | previous experience, however it    | SECTION 2 |
| Have you ever coached soccer before? YES INO I<br>If Yes BOYS IGIRLS ICoed I   |  |                 |                 |                                    |           |
| Please list any coaching experience you may have:  |  |                 |                 |                                    |           |
|  |  |                 |                 |                                    |           |
|  |  |                 |                 |                                    |           |
| Have you taken a coaching course? YES INO INCOMENTATION NO INCOMENTATION INTERNATION INTERNATI |  |                 |                 |                                    |           |
|  |  |                 |                 |                                    |           |
| COACHING REC   | QUEST:   |                 |                 |                                    | SECTION 3 |
| Please note that all coaching opportunities are for evening games only. If there are any days, weeks, months that you will be unavailable, please indicate:  |  |                 |                 |                                    |           |
| What age group(s) would you prefer to coach:   |  |                 |                 |                                    |           |
| U7       BOYS       GIRLS         U9       BOYS       GIRLS         U11       BOYS       GIRLS         U13       BOYS       GIRLS         U15       BOYS       GIRLS   |  |                 |                 |                                    |           |
|  |  |                 |                 |                                    |           |
| Do you have a child or children currently registered in our program?       YES       □ NO         If yes, what is the name of the child(ren) and in what level are they registered?       Name:         Name:  |  |                 |                 |                                    |           |
|  |  |                 |                 |                                    |           |
| AUTHORIZATIO   | N:<br>required to complete an application for an | RNC Certificate | e of Conduct as | well as a RNC Vulnerable Sector Ch | SECTION 4 |
| are available by visiting http://www.rnc.gov.nl.ca/services/CertificateConduct.html  |  |                 |                 |                                    |           |
|  |  |                 |                 |                                    |           |