



Division II

COACHING/TRAINING APPLICATION

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL ADDRESS: _____

What age group would you prefer? (circle one) U11 U12 U13 U14 U15 U16 U17 U18

Which Gender? (circle one) Boys Girls

What type and level of coaching license(s) do you have? _____

How many years youth soccer coaching experience do you have? _____

List the age, level of competition (Div. III, Div. II, Super II, Div. I, etc.), number of years, the league/club name and association name you have at each.

Position: Coach/Assistant	Age	Comp. Level	No. YRS	League/Club	Association

Have you ever been denied a coaching position within a league/club? _____

Have you ever been the subject of a D&P hearing? _____

If so, please describe on a separate page and attach.

List any other areas of soccer in which you participate (i.e., referee, player, board member, etc.)

Briefly explain your philosophy in coaching a Division II team.

(Attach additional pages if needed.)

Would you consider coaching another age group/gender, if offered by the Club? _____

Are you willing to comply with the provisions of the Constitution, Bylaws and Rules of Play of the Santa Fe Soccer League and its parent organizations? _____

Please include a photocopy of:

- KidSafe Pass
- Coach License

I certify that the information on this application is accurate and complete to the best of my knowledge, and understand that the submission of false information is grounds for rejection of my application, and withdrawal of any offer of appointment.

Signature

Date

Mail completed application to:

Attn: Coach Application

C/O David Gonzalez SFSL President

3636 South Alameda, Suite B142

Corpus Christi TX 78411