

APPLICATION FORM



P.O. Box 31712, Pitt Meadows, B.C. V3Y 2G7
Web site: www.pittmeadowsoccer.com

APPLICATION TO COACH IN THE PITT MEADOWS SOCCER CLUB

Name: _____ Social Insurance #: _____

Street Address: _____ Birthdate: Day _____ Month _____ Year _____

City: _____ Postal Code: _____

Res. Telephone: _____ Bus. Telephone: _____

E-Mail Address: _____

I wish to be considered to coach the following age level(s)/gender(s):

Mini-Soccer: Boys Girls Mixed

Age Group: Under-5 Under-6 Under-7 Under-8 Under-9 Under-10

Boys Under-11: Select House **Girls Under-11:** Select House

Boys Under-12: Select House **Girls Under-12:** Select House

Boys Competitive: Gold Silver Bronze House/Red

Girls Competitive: Gold Silver A Silver B

Age Group: Under-13 Under-14 Under-15 Under-16 Under-17 Under-18

I have completed the following BCSA/National Coaching Certification Program Courses:

Community-Youth Community-Senior B Provincial B National

Other? (Please list) _____

If you do not have any coaching qualifications, are you prepared to take part in the next available course?

Yes No

If no, please state reasons: _____

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I have coached at the youth soccer level for _____ years and/or at the senior soccer level for _____ years!

Team last coached? _____ Age group: Under-_____

District: _____ Season: (e.g. 2006/2007) _____ - _____

Please provide a brief statement on your philosophical approach to coaching children in sport and/or the reasons for your wishing to be involved in coaching children (if you wish to provide more, please attach to application):

If you are applying to coach in the Club for the first time, please provide the names of at least two people who will be willing to provide references as to your suitability to coach in youth soccer and your general character.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Are you prepared to coach the team you are applying for if your child is not selected to this team? (To be completed by coaches applying for a "competitive" age-group team only)

Yes No

I, _____ agree that should I be assigned to coach a team in the Pitt Meadows Soccer Club, I will abide by the Constitution, Bylaws, Policies and Procedures and general philosophy of the Club.

I further grant permission for the Pitt Meadows Soccer Club to conduct a criminal record check with the R.C.M.P. in regard to any possible record pertaining to any charge relating to misconduct involving children.

Signature of Applicant: _____

Please mail your application to:

PITT MEADOWS SOCCER CLUB c/o P.O. Box 31712, Pitt Meadows, B.C. V3Y 2G7
OR

Hand deliver your application, marked CONFIDENTIAL, to **First Touch Soccer** in the Meadow Vale Shopping Plaza, at Harris Road and Lougheed Highway, Pitt Meadows.
Please remember to attach any additional material you may wish to include with your application.

APPLICATION DEADLINE FOR THE 2007/08 SEASON IS MARCH 15, 2007!

FOR PITT MEADOWS SOCCER CLUB USE ONLY

Received by: _____ Date Received: _____

Team Assigned: _____ Date Contacted: _____