OLYMPIC DEVELOPMENT PROGRAM

District 5 Coach Application

(Please complete all sections in print or type)

Position Seeking: Head Coach _____ Assistant Coach _____ *(check appropriate position)*

Last Name: _____First Name: _____ MI: ____

Address: _____City: _____Zip: _____

Cell Phone: ( ) _____ Email: _____

Home Phone: ( ) _____ Fax Number: ( )_____

Work Phone: ( ) _____ Birth Date: _____

Social Security #: _____ Drivers License #:_____

Teams to which you are making application: Boys:____ Girls:_____ Age/Birth year:_____

Soccer Experience:

CYSA Coaching License Level: _____ Year Obtained: _____ (***Submit a copy***)

USSF Coaching License Level: _____ Year Obtained: _____ (***Submit a copy***)

NSCAA Coaching License Level: _____ Year Obtained: _____ (***Submit a copy***)

Upcoming Coaching Courses: (List any courses you intend to take during the coming year include possible dates.)_____

_____

FIFA Referee Grade:_____ Year Earned:_____ (***Submit a copy***) Referee Badge Current: Yes___ No___ License Number _____

Number of years Refereeing:_____ Number of games Refereed:_____

Years you played soccer. Level: High School:_____ Adult: _____ Junior College: _____ College:_____ Pro:_____

Years you coached youth soccer: ODP _____ Division I _____ Division III _____ Rec _____

Years you coached soccer. Level: High School:_____ Adult: _____ Junior College: _____ College:_____ Pro:_____

Years as ODP Evaluator at State Tryouts: _____

Youth Program Experience/Soccer References:

Please list ALL the youth soccer teams you will coach **this year** and which you coached **last year:**

	Coaching Date	Organization/Club	Level/Age	Gender (Boys or Girls)
This Year:	_____	_____	_____	_____
This Year:	_____	_____	_____	_____
This Year:	_____	_____	_____	_____
Last Year:	_____	_____	_____	_____
Last Year:	_____	_____	_____	_____
Last Year:	_____	_____	_____	_____

Soccer References:(*Please list two soccer references, not related to you, who have knowledge of your qualifications for the position for which you are applying.)*

1) Name:_____ Title:_____

Address: _____ Phone ( ) _____

2) Name:_____ Title:_____

Address: _____ Phone ( ) _____

Clothing Sizes:

Sweat Suit Size: ***XXL XL L M S (please circle)***

Coaching Polo/Jersey Size: ***XXL XL L M S (please circle)***

Shorts Size: ***XXL XL L M S (please circle)***

Additional Comments:

_____

_____

<u>Please Attach Soccer Resume with copies of Coaching Licenses and Referee License</u>

Declaration:

I have read, and will abide by the US Youth Soccer and CYSA Olympic Development Program Regulations and Policies, the CYSA Constitution, Bylaws, General Procedures and any Specific Rules, which govern this program.

I agree to allow an authorized CYSA or ODP representative to contact any of the personal references listed on this Application and to conduct any background checks necessary to verify information on this Application. I agree to hold the Representatives harmless from any liability resulting from this verification and background check.

In signing this application, I certify that the information is true and correct.

X _____ Date: _____

Applicant's signature