## North Whidbey Soccer Club Application Select Soccer Coaching Application

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Last Name:	First Name:
Street Address:	
Succi Address.	
Phone:	
E-Mail Address:	
Which age group and gender are y	ou interested in:
Do you have a child or relative on	the team?
Years of coaching experience:	Highest level coached:
Do you hald ony oppohing ligance	a an aprifications? (Diagon list):
Do you hold any coaching licenses	s of certifications? (Prease list).
What soccer clubs have you been affiliated with?	
Have you ever had a complaint lodged against you (sustained or not) by a parent, player, coach or a referee? Please	
explain:	
	ers (or parents of players) requested to be transferred to or from any team you
have been involved with as a coac	h or assistant coach? Please explain:
Provide 3 references that can vouc	h for your coaching experience:
<b>1.</b> Name:	Phone:
Email:	How is this person acquainted with you?
2. Name:	Phone:
Email:	How is this person acquainted with you?
<b>3.</b> Name:	Phone:
Email:	How is this person acquainted with you?

By signing below I certify that I have read the NWSC Select program and policies and if selected as a coach I agree

to administer my team in accordance with the letter and spirit of such program, policies and otherwise support and adhere to the mission, development philosophy, programs and procedures of NWSC.

I further certify that statements made on this application and if included my resume or additional documentation are true and correct and they contain no material omissions.

Signature Please email or scan/email to: nwsccompetition@gmail.com

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Date