

Soccer Organization of Charlottesville-Albemarle

Application to Coach Youth Soccer

NAME _____

ADDRESS _____

ZIP _____

HOME PHONE _____ WORK PHONE _____

FAX _____ EMAIL _____

PREFERENCES

PROGRAM (check all that apply) Elite _____ Travel _____ Challenge _____ Rec _____ Hot Shots _____
Co-Rec _____ Girls _____

AGE GROUP (check all that apply) U-8 _____ U-10 _____ U-11 _____ U-12 _____ U-13 _____ U-14 _____ U-15 _____ U-16 _____
U-17 _____ U-18 _____ U-19 _____

POSITION (check all that apply) Head Coach _____ Assistant Coach _____ Co-coach _____

LIST ANY SPECIFIC COACHING REQUEST _____

QUALIFICATIONS

COACHING CERTIFICATE: USSF "A" _____ "B" _____ "C" _____ "D" _____ "E" _____ "F" _____
NATIONAL YOUTH _____

OTHER CERTIFICATIONS: _____

YEARS OF COACHING EXPERIENCE _____ YEARS OF PLAYING EXPERIENCE _____

BRIEFLY SUMMARIZE YOUR SOCCER EXPERIENCE:

STATEMENT

Briefly summarize your coaching philosophy, specifically as it relates to the placement you have requested. Include those ideas which you feel are central to your style, your vision, and your qualifications for coaching youth soccer. Indicate what is most important to you in coaching and developing youth soccer players. Use additional space as necessary.

