



COACHING STAFF APPLICATION FORM

FIRST NAME:- _____ LAST NAME:- _____

ADDRESS:- _____

CITY _____ POSTAL CODE:- _____

PHONE – HOME:- _____ CELL:- _____

E-MAIL:- _____ DATE OF BIRTH:- _____

COACH Age Group/Gender

Do you have a son/daughter currently playing with the NRSP Program? _____

Name: _____ *D.O.B.* _____

COACHING QUALIFICATIONS

N.C.C.P. Number:- _____ Ontario Soccer Number:- _____

Ontario Soccer Level Completed: Soccer For Life: _____ C/B License: _____

A License: _____ RIS: _____ MED: _____ MHW: _____

Other Certifications:- _____

Previous Coaching Experience:-

1. Club:- _____ Year _____ Age _____ League _____

2. Club:- _____ Year _____ Age _____ League _____

3. Club:- _____ Year _____ Age _____ League _____

A resume outlining your qualifications for this position may be attached if desired.

I have reviewed and agreed to the role & position (as defined) and have accurately completed this application.

Signature

Date

This application is submitted and held in confidence!

FOR NRSP USE ONLY.

Date received:- _____

Photocopy of Qualifications:- _____

Police Record Check _____

Reference Checks _____

Resume:- _____

Interview Date _____

Interviewer(s):- _____

Accepted:- _____

Rejected:- _____

Date:- _____

Application Deadline August 16th, 2017