



Scugog Soccer Association
P.O. Box 585, Port Perry, Ontario, L9L 1A5
Email: info@scugogsoccer.ca ~ Phone: 905-985-7553

Coaching Application Form

For Year: _____ Season: Outdoor Indoor Date: _____
Name: _____ OSA Number _____
Address: _____
City: _____ Postal Code: _____
Phone (H): _____ (W): _____ Fax: _____

Email Address: _____

Preferred Coaching Position:

Head Coach Assistant Coach Age Group: _____ Gender: Male Female

Do you have any children currently playing with the Scugog Soccer Association?

Yes No

If yes, name(s): _____

SECTION A: Coaching Qualifications

Please record the date you received these qualifications, along with the level if required.

NCCP Number: _____ Community Coach Child _____
NCCP Level _____ Theory _____ Community Coach Youth _____
_____ Practical _____ Community Coach Senior _____
_____ Technical _____

First Aid/CPR _____

Other: _____

SECTION B: Previous Coaching Experience

If you have coached a team within the past three (3) years, please indicate the year, club, Age, division, and the league in which the team played.

1. _____ / _____ / _____ / _____
Year Club Age Division League
2. _____ / _____ / _____ / _____
Year Club Age Division League
3. _____ / _____ / _____ / _____
Year Club Age Division League

SECTION C: Requirements

Please note: the SSA only requires screening of house league coaches every three years. Traveling, Select and Rep level coaches require full screening every year.

1. A photocopy of your coaching level certificates attached to this application form
2. A current Police Records Check is a requirement of this position
3. Three (3) Personal References (including current/previous employer and member of past Club if applicable)

| | Name/Relationship | Phone Number |
|----|-------------------|--------------|
| 1. | _____ | _____ |
| | _____ | |
| 2. | _____ | _____ |
| | _____ | |
| 3. | _____ | _____ |
| | _____ | |

4. A personal interview (for Traveling/Select & Rep team coaches) with SSA screeners.

I have reviewed and agreed to the role and position (as defined) and have accurately completed this application and understand that the above references may be contacted.

Signature: _____

Date: _____

For club use only:

| | Date Completed | Initials |
|-----------------------------|----------------|----------|
| Date last screened by SSA | _____ | _____ |
| Coach Application Form | _____ | _____ |
| Photocopy of Qualifications | _____ | _____ |
| Police Records Check | _____ | _____ |
| Personal Reference Check | _____ | _____ |
| Interview | _____ | _____ |
| Practice Session | _____ | _____ |
| Parent Interview | _____ | _____ |

Approved for coaching position by: _____

Coaching team: _____