

Soccer Coach's Application

Affiliated with United States Soccer Federation (USSF)

Name: _____
(First Name, Middle Name, Last Name, Maiden Name-if applicable)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Sex: ____ Male ____ Female

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Coaching Experience:

Existing Coaching License: Youth Module E License D License other _____

Date Received: ____/____/____ Location License was Received: _____

Instructor: _____

Present Field of Coaching (check type)

Youth Adult Professional Non-Active

Playing Experience: (highest level)

Youth Amateur High School Professional

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Role Of The Coach

As a Facilitator – Reason for facilitator is that most parent/coaches have not been exposed to a soccer environment.

- Set up the condition and environment for learning.
- Players must have fun.
- Players need to receive positive feedback from the coach.
- Coaches must be enthusiastic about what they are doing.
- Activities need to be geared toward the players achieving success, with success measured by FUN.

As a Positive Role Model

- Demonstrate respect for team members, opponents, referees, parents, spectators, and opposing coaches.
- To have a responsibility to the game itself.

Coach's Code of Conduct

We all have a responsibility to promote high standards of behavior in youth athletic programs. Remember youth athletic program participation is a time for participants to develop their technical, physical, tactical and social skills. Winning isn't everything. Play your part and observe the Clover Parks and Recreation Department's Parent and Spectator Code of Conduct & Ethics.

On and off the field, I will:

- Show respect to others involved in the game including game officials, opposition players, coaches, managers, spectators and program administration staff
- Adhere to the rules and spirit of the game
- Promote fair play and high standards of behavior
- Always respect the game official's decisions
- Never enter the field of play without the officials' permission
- Never engage in public criticism of the game officials
- Never engage in, or tolerate, offensive, insulting or abusive language or behavior

When working with players, I will:

- Place the well-being, safety and enjoyment of each player above everything else, including winning
- Explain what I expect of players and what they can expect from me
- Ensure all parents/guardians of all players understand these expectations
- Never engage in or tolerate any form of bullying
- Develop mutual trust and respect with every player to build their self-esteem
- Encourage each player to accept responsibility for their own behavior and performance
- Ensure all activities I organize are appropriate for the players' ability level, age and maturity
- Cooperate fully with others in youth athletics (e.g. officials, doctors and physiotherapists) for each player's best interests

I understand that if I do not follow the Coaches Code of Conduct & Ethics, any/all of the following actions may be taken by the game officials or the Clover Parks and Recreation Department:

- Immediate dismissal from a game
- Required to meet with program administration staff
- Placed on probation
- Suspended from attending games/activities
- Relieved of my duties as a coach

In addition, the Clover Parks and Recreation Department has adopted a No Tobacco Policy which includes electronic cigarettes. This policy states that participants and spectators must refrain from using tobacco and alternative nicotine products at all Clover Parks and Recreation Department sponsored events and parks that are maintained by the Town of Clover.

I have read the above information and accept these conditions as part of my commitment to the Clover Parks and Recreation Department's youth athletic programs.

Coach Name _____ Date _____

Coach Signature _____

BACKGROUND CHECK AUTHORIZATION
CONFIDENTIAL

Print Name: _____
(First) (Middle) (Last)

List Other Names Used: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ Gender: Male _____ Female _____

Telephone Number: _____ Email: _____

Driver's License Number: _____ DL State: _____

Current Address: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address: _____
(Mo/Yr) (Street) (City) (Zip/State)

Have you ever been convicted or are there charges pending of a Felony or Misdemeanor Crime? Yes ___ No ___
If Yes, provide details: _____

I, the undersigned, hereby authorize and give consent for the Town of Clover Parks and Recreation Department to obtain information regarding myself. Information may include the following:

- Criminal background records/information
- Sex Offender Registry checks
- Addresses
- Social Security verification

I authorize this information to be obtained either in writing, via telephone, or digitally in connection with my Volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Signature: _____ Date: _____

<i>OFFICE USE ONLY:</i> Date of BG Check _____ Disqualifications? Yes No Completed By _____
