



SOUTH BURNABY

METRO CLUB

VOLUNTEER COACHING APPLICATION FORM

Name:			
Address:			
City & Postal Code			
Email Address			
Phone (Home)			
Phone (Cell)			

COACHING POSITION REQUESTED (PLEASE FILL OUT A SEPARATE APPLICATION IF APPLYING FOR MORE THAN ONE TEAM)

Season (year)	Age Group	Level	Head or Assistant

SOCCER COACHING CERTIFICATION PROGRAM

(PLEASE LIST ALL COMPLETED CERTIFICATION PROGRAMS AND DATES COMPLETED, ATTACHED ADDITIONAL PAGES IF NECESSARY)

OTHER RELEVANT CERTIFICATION, TRAINING OR COACHING PROGRAMS

(ATTACHED ADDITIONAL PAGES IF NECESSARY)

SBMC COACHING EXPERIENCE

(ATTACHED ADDITIONAL PAGES IF NECESSARY)

Year (most recent first)	Head or Assistant	Age Group	Level	Team Name





SOUTH BURNABY

METRO CLUB

OTHER SOCCER COACHING EXPERIENCE

(ATTACHED ADDITIONAL PAGES IF NECESSARY)

Year (most recent first)	Head or Assistant	Age Group	Level	Club Name

REFERENCES

(PLEASE PROVIDE AT LEAST TWO CHARACTER REFERENCES REGARDING YOUR COACHING SUITABILITY)

Name	City	Phone

SOCCER PLAYING EXPERIENCE

(PLEASE LIST LEVEL OF ORGANIZED PLAY STARTING FROM MOST RECENT)

COACHING PHILOSOPHY & OBJECTIVES

(ATTACHED ADDITIONAL PAGES IF NECESSARY)

DECLARATION

I declare that the information provided above is complete and accurate in all respects. I also declare that I have read and agree to comply with the BC Soccer Coaches Code of Conduct. Upon acceptance as a coach with the South Burnaby Metro Club (SBMC), I will consent to, and promptly apply for, a Criminal Record Check, and agree that I will not be assigned a team until such time as I successfully complete the Criminal Record Check process to the satisfaction of the SBMC.

Signature:

Date:

Official Use Only

Accepted Declined

Division _____

Team No: _____

Team Name: _____

