

SONOMA SOCCER CLUB
2010 Select Soccer Coach Application

Due February 21, 2010

If you are a returning Select Coach from the 2009 season you do not need to fill out the entire application. Fill in the personal information below and questions 1 through 6. Please sign the declaration and return to the Select Coordinator.

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Daytime _____ Evening _____

Fax _____ E-mail _____

1. Select Team Age Group _____ Gender _____
2. Coaching Licenses &
Dates: _____
3. Referee Licenses & Dates: _____
4. Valid CPR Certificate? Yes _____ No _____ Expiration Date _____
5. Number of Red Card(s) issued to you as a Coach: _____
For what reason(s): _____
6. Did you attend a Positive Coaching Alliance presentation? _____
Approximate date attended _____

DECLARATION

In signing this Application, I certify that the above information is true and correct. I agree that any authorized representative of the Sonoma Soccer Club may contact any of the personal references listed above, and may make any other inquiries to verify any of the information on this Application. If selected as a Coach, I also agree and consent to be fingerprinted and to undergo a criminal background check, and I understand that my selection as a Coach will be conditioned on passing the background check. I agree to release and hold the Sonoma Soccer Club and the Sonoma Valley Youth Soccer Association, and their respective representatives, officers and Board and Committee members harmless from any liability resulting from the foregoing contacts, inquiries, verification, fingerprinting and/or background check.

X _____ Date: _____

Email this application to:
selectcoordinator@sonomasoccer.org

Mail this application to:
Select Coordinators
Sonoma Valley Youth Soccer Association
Post Office Box 1992
Sonoma, CA 95476