

## COACH APPLICATION 2010-2011 SEASON



All prospective 2010-2011 Castro Valley Soccer Club ("CVSC") Head and Assistant Coaches are required to complete this application and attach the following:

- A copy of the applicant's most recent CYSA/USSF coach license. District IV rules require competitive team coaches to have at least a CYSA "E" license. CVSC strongly encourages its coaches to participate in CYSA and NSCAA coach education programs.
- A copy of the applicant's current USSF referee license.
- A copy of the applicant's current driver's license for proof of identity purposes.
- A completed CYSA Form 1628 (page 4 & 5 of this application) also available at [www.cysanorth.org](http://www.cysanorth.org).
- A 1-inch by 1-inch passport type color photograph. No hats, sunglasses or Polaroid type photos.

***INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT***

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Coach License Level: \_\_\_\_\_ Year Received: \_\_\_\_\_

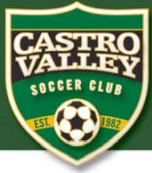
Are you a licensed USSF Referee: \_\_\_\_\_ Grade Level: \_\_\_\_\_

If you don't have a referee license, would you like to attend a CVSC sponsored referee course? \_\_\_\_

Applying for: Head Coach      or      Assistant Coach with head coach \_\_\_\_\_

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age Group: \_\_\_\_\_ Division: \_\_\_\_\_



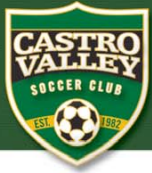
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List most relevant youth soccer coaching experience (up to 6 assignments):

YEAR	POSITION	AGE GROUP	GENDER	DIVISION	CLUB	TEAM NAME

Please describe any experience you have had as a soccer player:



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- Y N Considering the time commitment required, do you feel your family, job, etc, allow you Sufficient time to dedicate to the team/program?
- Y N If you are selected to coach, will you adhere to the governing policies and guidelines of CYSA, District IV and CVSC?
- Y N A coach is responsible for the conduct of his/her team, including players and parents. If selected to coach, will you be conscientious about overseeing the team's conduct and adherence to the CYSA, District IV and CVSC rules?
- Y N Did you participate in the CVSC fingerprint background check program in 2009?
- Y N Have you been convicted of a felony? If yes, please provide date and brief summary in the "Comments" section below.
- Y N Is there any other fact or circumstance involving you or your background that would call into Question your being entrusted with the supervision, guidance and care of young people? If yes, please explain in the "Comments" section below.

### COMMENTS:

I have read and understand this application. I have answered truthfully and completely. I agree to allow CYSA and or CVSC to conduct a background check, including fingerprinting, and contact any references I have listed in this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return your completed Coach Application packet to:

Castro Valley Soccer Club  
Attention: Coach Applications  
20212 Redwood Road, Suite 201  
Castro Valley, CA 94546

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20212 Redwood Road, Suite 201•Castro Valley, CA 94546  
Phone: 510-537-5247•FAX: 510-537-9726•Website: [www.castrovalleysoccer.com](http://www.castrovalleysoccer.com)