



Unionville-Milliken Soccer Club

Competitive Coach Application Form

NAME: _____ DATE OF BIRTH (D/M/Y): ____/____/____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TEL: DAY _____ EVENING _____

E-MAIL: _____

1. WHAT TEAM ARE YOU APPLYING FOR: AGE GROUP: U____ MALE FEMALE

2. WHAT TEAM ARE YOU CURRENTLY COACHING/ LAST COACHED?

CLUB: _____ LEAGUE: _____ AGE GROUP: U____ MALE FEMALE

3. DO YOU HAVE A SON / DAUGHTER PLAYING IN THE UMSC? YES NO

4. DO YOU HAVE EXPERIENCE WORKING WITH YOUNG PEOPLE IN ACTIVITIES OTHER THAN

SOCCER? YES NO

5. DETAIL YOUR SOCCER PLAYING/COACHING EXPERIENCE BEGINNING WITH MOST RECENT.

INCLUDE TEAM PERFORMANCE RECORDS, AND HIGHLIGHTS OF COACHING SEASONS.



Unionville-Milliken Soccer Club

Competitive Coach Application Form

6. DETAIL YOUR SOCCER COACHING LEVELS/ QUALIFICATIONS:

7. DETAIL OTHER ACTIVITIES/QUALIFICATIONS THAT BENEFIT YOUR SOCCER COACHING RESPONSIBILITIES:

8. EXPLAIN YOUR PERSONAL COACHING PHILOSOPHY:



Unionville-Milliken Soccer Club

Competitive Coach Application Form

9. DETAIL YOUR TEAM AND PLAYER OFF FIELD ASSESSMENT PARTICULARLY FOCUSING ON PLANNED TEAM AND PLAYER GOALS VS ACTUALS.

10. LIST 3 REFERENCES WHO CAN ATTEST TO YOUR MOST RECENT COACHING SKILLS, CHARACTER OR OTHER YOUTH ORGANIZATION INVOLVEMENT:

I CONFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT I MAY BE ASKED TO ATTEND AN INTERVIEW BY THE COMPETITIVE COACH SELECTION COMMITTEE.

I AGREE AND ACCEPT THAT MY APPLICATION WILL REQUIRE A VOLUNTEER SCREENING POLICE CHECK.

SIGNED _____ DATE _____