

**AURORA SOCCER CLUB  
STAFF INFORMATION**

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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**COACHING CERTIFICATION LEVEL**

Theory (any sport): \_\_\_\_\_ Technical (Soccer): \_\_\_\_\_

Yes                      No

Are you willing to take certification classes?                           

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**EXPERIENCE -- COACHING**

	<u>Years</u>	<u>Level</u>	<u>Where</u>
Soccer:	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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**EXPERIENCE -- PLAYING**

	<u>Years</u>	<u>Level</u>	<u>Where</u>
Soccer:	_____	_____	_____

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**OTHER**

Do you have a current First Aid certificate (valid for 3 years)?      Yes                      No  
                     

Are you a qualified soccer referee?      Yes                      No  
                     

Do you have a child playing for Aurora Soccer Club?      Yes                      No  
                     

If so, would you be willing to use your expertise at an age group/  
division other than that which your child is playing at?      Yes                      No  
                     

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Other information you feel may be of benefit to our Zone:

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