



STAFF APPLICATION INFORMATION

GENERAL INFORMATION

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE (DAY): _____ (EVENING): _____ (CELL): _____

E-MAIL: _____

COACHING CERTIFICATION LEVEL

Theory (sport specific): _____

Technical (sport specific): _____

Date taken: _____

Date completed: _____

DETAIL YOUR SOCCER COACHING LEVELS/ QUALIFICATIONS

Theory: _____

Technical: _____

Date completed: _____

Are you willing to take certification courses: YES: _____ NO: _____

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

PLEASE INCLUDE REFERENCES FROM YOUR PREVIOUS CLUB

WHAT TEAM ARE YOU APPLYING FOR?

AGE GROUP: _____ MALE: _____ FEMALE: _____

DIVISION: _____

DO YOU HAVE A SON/DAUGHTER PLAYING IN AURORA SOCCER CLUB? YES: _____ NO: _____

IS THIS PLAYER EXPECTED TO BE ON YOUR TEAM? YES: _____ NO: _____

ARE YOU WILLING TO USE YOUR EXPERTISE AT AN AGE GROUP/DIVISION OTHER THAN WHICH YOUR CHILD IS PLAYING AT? YES: _____ NO: _____

MANAGING EXPERIENCE

DO YOU HAVE SOCCER MANAGING EXPERIENCE?

YES: _____ YEARS: _____ LEVEL: _____ WHERE: _____

NO: _____

PLAYING EXPERIENCE

DO YOU HAVE SOCCER PLAYING EXPERIENCE?

YES: _____ YEARS: _____ LEVEL: _____ WHERE: _____

NO: _____

OTHER

DO YOU HAVE A CURRENT FIRST AID CERTIFICATE (VALID DATE) OR TRAINER'S DESIGNATION?

YES: _____ (Expiry Date _____) NO: _____

ARE YOU A QUALIFIED SOCCER REFEREE? YES: _____ NO: _____

ARE YOU INTERESTED IN BECOMING A COMMITTEE MEMBER OR BOARD MEMBER?

YES: _____ If so, in what capacity? _____

NO: _____

ADDITIONAL INFORMATION YOU WISH TO INCLUDE YOU FEEL MAY BE OF BENEFIT TO OUR ZONE/CLUB:

I CONFIRM THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.
I AGREE AND ACCEPT THAT MY APPLICATION WILL REQUIRE A VOLUNTEER SCREENING POLICE CHECK (CPIC).

SIGNED: _____ DATE: _____

PLEASE RETURN APPLICATION AND RESUME TO:

AURORA SOCCER CLUB INC.
ATTENTION: Anne Ballantyne
330 Anderson Crescent
Saskatoon, Saskatchewan, S7H 4A3

Phone: 306-373-4675
Fax: 306-975-4717
E-Mail: kab1@shaw.ca