V Y S A

Competitive Coaching Application (2011 Season)

Thank you for your interest in coaching a competitive VYSA Soccer Team! Please fill out this application as completely as possible. The information provided will help VYSA determine who can provide the best environment and most positive learning experience for our players.

It is the mission of VYSA Soccer to promote and nurture the advancement of the sport of soccer in the town of Vernon and the State of Connecticut. In order to accomplish this mission, we must work to provide a safe environment that fosters mutual respect and offers our children the opportunity to develop athletically and socially. As such, we require that coaches, referees, volunteers and administrators have a history free of criminal or violent behavior. You will be required to undergo a CJSA funded background check as part of this process.

EACH COACHING CANDIDATE MUST COMPLETE THIS APPLICATION

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (_____)_____ Work: (_____)_____

Cell: (_____)_____

E-mail Address:_____

Age Group, Gender, and Position desired (check all that apply):

☐U09 Boys	☐Head Coach	☐Assistant	☐U09 Girls	☐Head Coach	☐Assistant
☐U10 Boys	☐Head Coach	☐Assistant	☐U10 Girls	☐Head Coach	☐Assistant
☐U11 Boys	☐Head Coach	☐Assistant	☐U11 Girls	☐Head Coach	☐Assistant
☐U12 Boys	☐Head Coach	☐Assistant	☐U12 Girls	☐Head Coach	☐Assistant
☐U13 Boys	☐Head Coach	☐Assistant	☐U13 Girls	☐Head Coach	☐Assistant
☐U14 Boys	☐Head Coach	☐Assistant	☐U14 Girls	☐Head Coach	☐Assistant

Do you have a child or relative who might play at this level: ☐Yes ☐No

If yes, list the child's or relative's name: _____

Experience and Background:

1. List all current coaching licenses held and any coach training completed.

   _____
   _____
   _____

2. List your previous coaching experience, including other youth sports, if any. Note at what levels you've coached, how many years, and where (town or associations.)

   _____
   _____
   _____

3. List your playing experience, if any. Note at what levels you played, and for how many years.

   _____
   _____
   _____

4. Provide a brief description of your main goals as a youth soccer coach and your coaching philosophy for youth athletes.

   _____
   _____
   _____

5. Describe your strengths & weaknesses as a coach.

   _____
   _____
   _____

6. Have you ever been ejected or otherwise disciplined for coaching or spectator conduct at a youth athletic event, or subject to disciplinary action as a member of a youth association (athletic or otherwise)? ☐No ☐Yes (If yes, please explain):

   _____
   _____
   _____

7. Have you had any additional prior experience working with young people?
   ☐No ☐Yes (If yes, please briefly describe where and when):

   _____
   _____
   _____

8. Provide any additional background information or comments that you believe will aid VYSA in the coach selection process.

_____
_____
_____
_____
_____
_____

Please provide contact information for two to five references from teams for which you have coached in the past five years on the sheet provided. References should include at least one parent or player and at least one person who was responsible for hiring or supervising you as a coach (i.e. Director of Coaching, Travel Director). Attach any letters or supporting documents on your behalf.

Applications can be submitted by mail to:

VYSA Competitive Committee
C/O: Vernon Youth Soccer Association
PO Box 2295 Vernon CT 06066

Or via email to comp@soccervernon.org

The Coaching Selection process will commence once tryouts are complete and the VYSA Competitive Committee has had time to organize teams as appropriate (May/June)

As a potential coach VYSA would greatly appreciate your help running Competitive tryouts in the spring. Volunteers will be needed to run exercises and drills, help organize children and parents, and provide assistance to the evaluators. This is also an excellent opportunity for new coaches to meet and learn from more experienced youth soccer coaches.

I am interested in volunteering to assist with VYSA Spring Tryouts: ☐No ☐Yes

Acceptance:

I agree to abide by the VYSA and CJSA codes of conduct if selected for a position by the Vernon Youth Soccer Association Board of Directors.

Applicant Name (print) _____

Applicant Signature _____Date _____

References

Name:_____

Phone: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Team Age, Gender, Level, & Club/School: _____

Relationship with team: ☐Parent ☐ Player ☐ Supervisor/Director

Name:_____

Phone: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Team Age, Gender, Level, & Club/School: _____

Relationship with team: ☐Parent ☐ Player ☐ Supervisor/Director

Name:_____

Phone: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Team Age, Gender, Level, & Club/School: _____

Relationship with team: ☐Parent ☐ Player ☐ Supervisor/Director

Name:_____

Phone: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Team Age, Gender, Level, & Club/School: _____

Relationship with team: ☐Parent ☐ Player ☐ Supervisor/Director

Name:_____

Phone: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Team Age, Gender, Level, & Club/School: _____

Relationship with team: ☐Parent ☐ Player ☐ Supervisor/Director