



**SNOQUALMIE VALLEY YOUTH SOCCER
ASSOCIATION**
CASCADE FC HEAD COACH APPLICATION

Name: _____ **DOB:** _____

Address: _____, WA 980_____

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell:(____) _____ **Email:** _____

Team Preference: Gender (circle): Girls/Boys Birth year: _____

US Club Soccer Background Screening: Entry Number _____ Application Date _____

Coaching Certificate/License Held: (Please attach copy of license certificate) _____

Referee Certification: (Please attach copy of most current USSF Registration Form) _____

Coaching Experience: (Include number of years, sport, age, gender, competition level; use additional sheet if necessary) _____

Soccer Playing Experience: _____

Refereeing Experience: _____

Soccer Administrative Experience: _____

Other Relevant Experience(s): _____

Why do you want to coach for Cascade FC? _____

Do you have a child trying out for this team? Yes / No

If yes, child's normal age group is (birth Year)-_____

Are you willing to coach if your child does not make the team? Yes / No

Are you willing to coach a second team (a 'B' team) if two teams can be formed in this age group? Yes / No

If a head coach position were not available, would an assistant coach position be acceptable?
Yes / No

Please attach at least 2 letters of recommendation from others (other than relatives) who can attest to your qualifications to coach youth soccer at the advanced competitive level.

Authorization and Agreement

In making this application and by my signature hereunder I affirm that the information provided is complete and correct and I authorize SnVYSA to contact my references and any organization where I have previously coached. If I am approved by the SnVYSA Board of Directors to be a Cascade FC Coach, I understand that I will be required to abide by the then current terms of any codes, rules and guidelines promulgated by Cascade FC for its coaches and those of SnVYSA and any organizations under which SnVYSA operates for the conduct of coaches. I understand that if I am selected I will be required to undergo a successful background check and meet any requirements stipulated by the SnVYSA Board of Directors before selection is final. I further understand that any failure on my part to abide by any codes, rules and/or guidelines may lead to my immediate dismissal as a coach.

Signature of Applicant _____ **Date** _____

For Association Completion Only: Date Received _____ Received By _____

Please fill out and email to the Cascade FC Administrator at cascadefc@snyvsa.org. Include scanned copies of required documentation (listed above).