

**CHARLOTTE PREMIER**  
**VOLUNTEER SOCCER COACH APPLICATION**  
**2011-2012 Season**

Name \_\_\_\_\_ Male/Female (circle one)

Address \_\_\_\_\_

City/ State \_\_\_\_\_

Tel No \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Age Now Yrs \_\_\_\_\_

Current Job/Location \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Emergency contact Name/Address \_\_\_\_\_

\_\_\_\_\_

Tel No \_\_\_\_\_ Cell \_\_\_\_\_

List Qualifications and Date of Certification/Expiration (Must Provide Copies)  
Soccer/First Aid/Child Protection \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Coaching Experience Including Age Groups/Plus current Club and Team.

\_\_\_\_\_

\_\_\_\_\_

What age group do you want to coach? \_\_\_\_\_

Does your child play in that age group? Yes \_\_\_\_\_ No \_\_\_\_\_

Assistants Name (Application form needed) \_\_\_\_\_

Agree to the DOC program of Coach Development and relevant courses.

**Sign I Agree** \_\_\_\_\_

Agree to attend mandatory BOD and DOC meetings.

**Sign I Agree** \_\_\_\_\_

**For Internal Use Only**

Police and F.Y.S.A Clearance: Yes \_\_\_\_\_ No \_\_\_\_\_

Criminal Record / Background Check: Yes \_\_\_\_\_ No \_\_\_\_\_

Print, fill out completely and mail to:  
Charlotte Premier  
PO Box 4943888  
Port Charlotte, FL 33949-4388