



P. O. Box 3233  
Clarksville, IN 47131-3233

## Coaching Application



P.O. Box 1481  
New Albany, IN 47151

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Soccer Coaching Experience (years): Recreational \_\_\_\_\_ Select \_\_\_\_\_ Premier \_\_\_\_\_  
High School \_\_\_\_\_ College \_\_\_\_\_ Professional \_\_\_\_\_

Soccer Playing Experience (years): Recreational \_\_\_\_\_ Select \_\_\_\_\_ Premier \_\_\_\_\_  
High School \_\_\_\_\_ College \_\_\_\_\_ Professional \_\_\_\_\_

Other Coaching Experience: \_\_\_\_\_

Soccer Coaching Licenses: \_\_\_\_\_

Prefer to Coach:  Boys  Girls

Preferred Division:  Select  Recreational Age Group: \_\_\_\_\_

Recreational coaching positions are volunteer only. Select coaching positions are paid based on experience and coaching education.

Do you have children playing in our program? If so, what age and which division?

\_\_\_\_\_

*Any other circumstances of which we need to be aware regarding your possible hire?*

---

---

*Briefly describe what you hope to accomplish as a coach:*

---

---

---

*Give a brief description of your philosophy on coaching youth soccer:*

---

---

---

*Briefly describe how you prepare (plan) for a practice*

---

---

---

*References (name, affiliation, phone number, e-mail):*

---

---

---

---

---

---

---

***Please complete and sign the Indiana Youth Soccer Disclosure Form attached.  
Return all to SIU's Coaching Commissioner.***

*Approved:* \_\_\_\_\_ *Date:* \_\_\_\_\_