



Findlay Soccer Club Coach Application

Name: _____ Coaching License(s): _____
Address: _____ City/State/Zip: _____
Telephone #: _____ Email: _____
DOB: _____ Position desired: _____ (head or assistant coach)

Preferred age group and gender: _____

Are you related to any candidate for the team for which you are applying? Yes or No (circle one)
If yes, how are you related? _____

Describe your soccer coaching experience:

Describe your soccer playing experience, if any:

Have you read the Coach Commitment statement and do you agree to meet the expectations of the Findlay Soccer Club? Yes or No (circle one) If no, please explain:

Have you completed a Risk Management/KidSafe form? Yes or No (circle one) If no, please explain:

Applicant signature: _____ Date: _____

Findlay Soccer Club approval:

Vice President