

# Raynham Youth Soccer

P.O. Box 526, Raynham Center, MA 02768

## Coach Application Form

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

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

D.O.B. \_\_\_\_\_ (Must be at least 18 years old to be a head coach)

I wish to be: (please circle all that apply)

Head coach

Assistant coach

Boys

Girls

U5/U6

U8

U10

U12

U14

HS

Please describe your coaching experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any coaching licenses held: \_\_\_\_\_

\_\_\_\_\_

List any coaching clinics attended: \_\_\_\_\_

\_\_\_\_\_

Please be advised that all coaches and assistant coaches involved with Raynham Youth Soccer will be registered with Mass Youth Soccer, which conducts CORI (criminal background) checks on all coaches.