



Select Program Coaching Application

Name: _____

Address _____, City _____ Zip _____

Contact Phone Number: _____ Email Address _____

All coaches will be subject to a WA State Patrol Background check prior to permanent placement

Give a brief explanation of soccer playing experience, *include dates and level of competition:*

Date: _____ Level _____

Date: _____ Level _____

Date: _____ Level _____

Date: _____ Level _____

Date: _____ Level _____

Give a brief explanation of soccer coaching experience, *include dates and level of competition*

Date: _____ Level _____

Date: _____ Level _____

Date: _____ Level _____

Date: _____ Level _____

Date: _____ Level _____

Please list all coach training you have attended and any coaching licenses you hold:

Please list three references who have knowledge of your playing/coaching experience

1. _____ Phone# _____

2. _____ Phone # _____

3. _____ Phone # _____

Please answer the following questions using as much space as necessary, you may use additional pages.

1. My coaching philosophy is:

2. My goal as a soccer coach is:

3. My expectations for players are:

4. My expectations for parents are:

5. Other applicable experience or education that would help you in this position:

**Return this completed application and any additional pages to:
Yakima Youth Soccer Association. P.O. Box 9336, Yakima, WA 98909,
Atten: Select Committee Chair**