



# North Metro Soccer Association Coach Application

Full Name \_\_\_\_\_ Please Check  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ I would like to coach SUMMER  FALL  BOTH  YEAR 20\_\_

Applying For: Birth Year - / Prem C1 C2 C3 Maroon Gold Boys  Girls

**NOTE:** I am only interested in coaching the team that my son / daughter in selected for

*Level of coaching license you currently hold, check all that apply:*

- USSF (hrs):** Y (U6-U8)  Y (U8-U10)  Y (U10-U12)  E (20.0)   
 D (40.0)  (Circle - State or National) C (8 days)  B (8 days)  A (8 days)
- NSCAA (hrs):** Parent Coach Diploma (2.5)  National Youth Diploma (21.0)  State Diploma (5.0)   
 Regional Diploma (13.0)  Adv. Regional Diploma (21.0)  National Diploma (50.0)   
 Adv. National Diploma (50.0)  Premier Diploma (50.0)  Special Topics (various)   
 High School Coaches Diploma (21.0)  Director of Coaching Diploma (21.0)   
 OTHER \_\_\_\_\_

Number of years you have coached soccer? \_\_\_\_\_ Number of years you have coached another sport? \_\_\_\_\_

List your coaching experiences:

- 1.
- 2.
- 3.

List your playing experiences:

- 1.
- 2.
- 3.

Your strengths as a coach are:

- 1.
- 2.
- 3.

Your weaknesses as a coach are:

- 1.
- 2.
- 3.

Why do you want to coach for the North Metro Soccer Association?

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Please list two references:

1. Name \_\_\_\_\_ Phone number \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_
2. Name \_\_\_\_\_ Phone number \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

E-mail to: [U9-U10comp@northmetrosoccer.org](mailto:U9-U10comp@northmetrosoccer.org)  
[U11-U12comp@northmetrosoccer.org](mailto:U11-U12comp@northmetrosoccer.org)  
[U13upcomp@northmetrosoccer.org](mailto:U13upcomp@northmetrosoccer.org)