



# GOLDEN EARS UNITED SOCCER CLUB

HOUSE TEAM COACHES APPLICATION: 2009 - 2010 SEASON

**Applications are due June 1, 2009**

Mail to: GEUSC, P.O. box 29040, Haney Post Office, Maple Ridge BC V2X 0C5

Applicants Name:	Gender: M or F	Date:
Address:	City	Postal Code:
Email:	Phone:	Fax #:
BC Soccer ID #:	<b>Position applying for:</b> <span style="float: right; font-size: small;">please circle</span> <div style="display: flex; justify-content: space-around;"> <span><b>Coach</b></span> <span><b>Assistant Coach</b></span> </div>	

BOYS SIDE		GIRLS SIDE
Mini/Micro U6-U10	<input type="checkbox"/>	Mini/Micro U6-U10
Super 8 U11-U12	<input type="checkbox"/>	Super 8 U11-U12
Divisional U13-U18	<input type="checkbox"/>	Divisional U13-U18

**Coaching Qualifications:** please check the highest level attained:

Community coach - Child Community coach - Youth Community coach - Senior	<b>Technical</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Theory</b> <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
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A License     B License     C License

**Experience:** (coaching, playing, teaching, etc.)

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**References:** (ensure contact number is accurate)

Name:	Contact Phone Number:
1) _____	_____
2) _____	_____
3) _____	_____

**GEUSC Use Only:**

Received Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Volunteer Risk Management Disclosure: yes/no      CPIC Receipt: yes/no

Given to risk manager: \_\_\_\_\_ Date: \_\_\_\_\_