

Return this form to current Club President Mark Koskinen in person or via email: mkoskinen82@gmail.com

POSITION APPLYING FOR:				
NAME:	HOME #	HOME ADDRESS:		
CITY:	STATE:	ZIP:	HOME PHONE:	
MOBILE:	EMAIL:			
COACHING LICENSE LEVEL	(IF APPLYING FOR A CO	ACHING POSITIC	0N):	
DO YOU HAVE CURRENT R	ISK MANAGEMENT, COM	CUSSION, AND	SAFESPORT CERTIFICATION? IF NOT, ARE	YOU
WILLING TO COMPLETE TH	IESE REQUIRED CERTIFIC	CATIONS?		
DO YOU HAVE CURRENT F	RST AID AND CPR TRAIN	NNG? (LIST DAT	E OF LAST CERTIFICATION)	
COACHING EXPERIENCE O	THER THAN SOCCER? (IF	SO, SPECIFY)		
ARE YOU WILLING TO SUB	MIT TO A BACKGROUND	CHECK?		
HAVE YOU EVER BEEN COM	VICTED OF A FELONY?			

- PLEASE ATTACH A RESUME TO BETTER EXPLAIN YOUR QUALIFICATIONS.
- PLEASE ATTACH CONTACT INFORMATION FOR TWO REFERENCES WE MAY CONTACT CONCERNING YOUR COACHING ABILITIES OR QUALIFICATIONS FOR THE POSITION YOU ARE APPLYING FOR.
- PLEASE ATTACH A COPY OF YOUR HIGHEST COACHING LICENSE (IF APPLICABLE) OR REQUIRED CERTIFICATION THAT IS PERTINENT TO THE POSITION BEING APPLIED FOR.
- IF APPLYING FOR A COACHING OR TECHNICAL POSITION, PLEASE ATTACH AN EXPLANATION OF YOUR COACHING PHILOSOPHY OR APPROACH.
- NOTHING ON THIS APPLICATION IS INTENDED TO CREATE OR IMPLY A CONTRACTUAL RELATIONSHIP. IF APPOINTED, THE APPLICANT UNDERSTANDS THAT THE POSITION IS AT-WILL AND MAY BE TERMINATED BY THE CLUB AT ANY TIME WITH OR WITOUT REASON, COMPLYING WITH CLUB BYLAWS.
- I VERIFY THAT THE STATEMENTS I HAVE MADE HERE ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM APPOINTED, ANY FALSE OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL PROVIDE GROUNDS FOR DISCHARGE

APPLICANT SIGNATURE

DATE