

CLCF Soccer Coach Application

Mail to: CLCF Soccer, PO Box 8947, Cranston, RI 02920

First Name: _____ Gender: Male Female
Middle Name: _____ Date of Birth (mm/dd/yy): _____
Last Name: _____ Suffix (Jr, Sr, III): _____
Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
e-Mail: _____
Drivers License #: _____ State: _____ Expiration Date : _____

To ensure that your child is paced on your team, please list his/her/their name(s):

Are you sponsoring a team No Yes Sponsor Name: _____

POSITION APPLYING FOR

- | | | | | | |
|-----------------------------------|-------------------------------------|------------------------------------|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> U8 Boys | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant | <input type="checkbox"/> U8 Girls | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant |
| <input type="checkbox"/> U10 Boys | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant | <input type="checkbox"/> U10 Girls | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant |
| <input type="checkbox"/> U12 Boys | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant | <input type="checkbox"/> U12 Girls | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant |
| <input type="checkbox"/> U14 Boys | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant | <input type="checkbox"/> U14 Girls | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant |
| | | | <input type="checkbox"/> Highschool Co-Ed | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant |

EXPERIENCE IN SOCCER

Club Name _____ Years _____ Position Held _____

Coach License Level:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> E License | <input type="checkbox"/> C License |
| <input type="checkbox"/> Level One Youth Module | <input type="checkbox"/> D License (State) | <input type="checkbox"/> B License |
| <input type="checkbox"/> Level Two Youth Module | <input type="checkbox"/> D License (National) | <input type="checkbox"/> A License |

BACKGROUND INFORMATION

It is the mission of CLCF Soccer to promote and nurture the advancement of the sport of soccer in the State of Rhode Island. In order to accomplish this mission, we must work to provide a safe environment that fosters mutual respect and offers our children the opportunity to develop athletically and socially. As such, we require that coaches, referees, volunteers and administrators do not have a history of criminal or violent behavior.

Have you had any prior experience working with young people?

Yes No

Briefly describe where and when if Yes:

Have you had prior experience with youth soccer? No Yes

List club name & state if Yes:

Have you lived at your present address for the past 5 years? No Yes If NO list previous address:

Have you ever been convicted of a crime of violence?

No Yes

Have you ever been convicted of child abuse or neglect?

No Yes

Have you ever been convicted of a felony?

No Yes

If you have answered YES to any of the three previous questions, please explain:

Complete other side

I agree that I will abide by the rules of CLCF Soccer. Recognizing the possibility of physical injury associated with soccer, and in consideration for CLCF Soccer accepting the registrant for its soccer programs and activities (the "Programs") hereby release, discharge and/or otherwise indemnify CLCF Soccer and associated personnel, including the owners of the fields, and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

It is the intent of the CLCF Soccer to accept coaches, referees, administrators and volunteers without a prior history of violence, child abuse or neglect. The information given in this statement is subject to verification. This may include a criminal history record check, verification of your motor vehicle record or publicly available background information. The answers to these questions are truthful and correct.

As a condition of volunteering, I give permission for CLCF Soccer to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability CLCF Soccer, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, CLCF Soccer is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Sports Chairman and removal by the Board of Directors for violation of CLCF Soccer policies or principles.

Applicant Signature _____ Date _____

Applicant Name (print) _____