



# LINCOLN SOCCER CLUB TRAVEL COACHING APPLICATION

## APPLICANT INFORMATION (please print)

NAME: .....  
ADDRESS: .....  
CITY: ..... POSTAL CODE: .....  
PHONE : .....  
EMAIL : .....  
OSA COACH RDS # ..... NCCP COACHES # : .....  
DATE OF BIRTH (MM/DD/YYYY): .....

## COACHING CERTIFICATION & EXPERIENCE

MM / DD / YY

MM / DD / YY

FUNdamentals (U6-U8) ..... Respect in Sport .....  
Learn to Train (U9-U12) ..... Making Ethical Decisions .....  
Soccer for Life (U13+) ..... Making Headway .....

Did you coach last season? Team Name: ..... Age: ..... M/F:

## POLICE RECORD CHECKS ARE REQUIRED FOR ALL COACHING STAFF

Police Vulnerable Sector Checks (PVSC) (valid for 2 seasons) .....

## COACHING POSITION REQUESTED

TEAM NAME: ..... AGE: ..... MALE: FEMALE:

Check only one:

**TRAVEL LEAGUE:** NSL-LTPD NSL-YOUTH OTHER .....

**POSITION APPLIED FOR:** HEAD COACH ASSISTANT COACH MANAGER

## DECLARATION

I, the above named declare that the information I have provided here is true and accurate. As a team official, I agree and abide to all the policies and the Code of Conduct of the Lincoln Soccer Club. I will undertake to request a Police Vulnerable Sector Checks (PVSC) on myself as part of my application. Failure on my part to furnish requested information to the club or its agent may result in my coaching privilege being revoked.

Signed: ..... Date: .....

Send completed forms to: [lincolnsoccer@cogeco.ca](mailto:lincolnsoccer@cogeco.ca)  
or  
Lincoln Soccer Club PO Box 426 Beamsville, ON L0R 1B0