Methuen Youth Soccer Association
Travel Coach Application/Questionnaire

Please complete this form if you would like to be considered as a Coach for the next Fall/Spring season.
All Coaches interested in coaching next season must complete this form.

Personal Information

Name _____

Address _____

Phone (Home) _____ **(Cell)** _____ **(Work)** _____

Best Time You Can Be Reached _____

E-Mail _____

Age Group you would like to coach (circle Age Group, Gender and Team Type)

Gr3/4 (U9/10) Gr5/6 (U11/12) G7/8 (U13/14) Gr9/10 (U15/16) Gr 11/12 (U17/18) PG (U19)

Boys Girls

Select Combination

Soccer Licenses you currently hold (circle highest level)

US Youth Soccer – A B C D E F G Referee

NSCAA – Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

Do you plan to take a course before next September? If **yes**, what course _____

Coaching Experience (circle as appropriate and enter number of years)

In-Town Yrs _____ Club Yrs _____

Travel Yrs _____ Other Yrs _____

Adult Playing Experience (circle as appropriate and enter number of years)

High School Yrs _____ Club Yrs _____

College Yrs _____ Other Yrs _____

In addition to the above criteria, the Board of Directors will use the following subjective criteria to choose the appropriate Coach: technical knowledge, tactical knowledge, handling of players, documented problems from parents (filed complaints with the Board), dealings with ECYSA (i.e. reports from Referees or forfeit without notification), commitment to other advancements such as tournaments, clinics or camps, and letter of praise or rebut from team parents. Also, the Board of Directors may choose to monitor a practice or game.

Other Information you would like us to know (attach additional sheets if necessary)

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Complete form and return by May 31, 2018 through Post or E-Mail to:

Amanda LaFlamme, MYSA Travel Director
PO Box 1034
Methuen, MA 01844
traveldirector@methuensoccer.org

May 2018