

VAUGHAN SOCCER CLUB APPLICATION FORM



Please check appropriate box: (Please note that Screening is an integral part of the application process)

<input type="checkbox"/> Competitive team	<input type="checkbox"/> All star teams	<input type="checkbox"/> Returning Coach	<input type="checkbox"/> New Coach
<input type="checkbox"/> Returning assistant coach	<input type="checkbox"/> New Assistant coach	<input type="checkbox"/> Returning team manager	<input type="checkbox"/> New manager

<input type="checkbox"/> Trainer	<input type="checkbox"/> Staff (office)	<input type="checkbox"/> Other (please indicate position):
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Coaching / volunteer position preference:	<input type="checkbox"/> Girls	<input type="checkbox"/> Boys	Age group:
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Personal information:	Please print in BLOCK LETTERS throughout:			
First Name:	Surname:			
Address:			City:	
Province:	Postal Code:	Home telephone:	Business telephone:	Cell telephone:
E-Mail:				

Employment / work history:				
Name of present employer: (if not working provide details)				
Address:	City:	Province:	Postal Code:	Telephone number:

Personal references:		
Name:	Address:	Telephone number:
Name:	Address:	Telephone number:
Name:	Address:	Telephone number:

Requirements for prospective applicants:
<ul style="list-style-type: none"> Completed Vaughan Soccer Club (VSC) application form Photocopy / proof of coaching levels Police record check References Interview with screening selection committee

<input type="checkbox"/> Designated Board Member: Signature	Date
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(Please note that this application form will not be accepted or considered unless signed by the designated Board Member: this only applies to new applicants)

I _____ acknowledge that this position is subject to the (VSC) Volunteer Screening Program. I agree to provide any required information or allow the VSC to gather any information for the purposes of the Screening Volunteer Program. I also acknowledge that such information may include a Police Records Check. I have reviewed and agree to the role and position applied for as indicated above and I have accurately and truthfully completed this application form. I agree to abide by all of the rules and regulations as set out by the VSC.

Signature of applicant: _____ Date: _____

P.O. BOX 852, MAPLE, ONT. L6A 1R7 PHONE; 905-832-0911 FAX; 905-832-0624 EMAIL; admin@vaughansoccer.com