

# 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):
----------------------------------	---	--

<b>Coaching / volunteer position preference:</b>	<input type="checkbox"/> Girls	<input type="checkbox"/> Boys	Age group:
--	--------------------------------	-------------------------------	------------

<b>Personal information:</b>	<b>Please print in BLOCK LETTERS throughout:</b>			
First Name:	Surname:			
Address:			City:	
Province:	Postal Code:	Home telephone:	Business telephone:	Cell telephone:
E-Mail:				

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

<b>Personal references:</b>		
Name:	Address:	Telephone number:
Name:	Address:	Telephone number:
Name:	Address:	Telephone number:

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

<input type="checkbox"/> <b>Designated Board Member: Signature</b>	<b>Date</b>
--	-------------

**(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](mailto:admin@vaughansoccer.com)