



CALIFORNIA ODYSSEY SOCCER CLUB COACHING APPLICATION

Please FAX or email your application to Dave Santesteban at (559) 465-1418 / doc@californiaodyssey.org

GENDER:

LAST NAME:

FIRST NAME:

DOB:

ADDRESS:

E-MAIL:

OCCUPATION:

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, WHERE?

DO YOU HAVE ANY DISABILITY OR MEDICAL CONDITION OF WHICH YOU WISH THIS ORGANIZATION TO BE AWARE OF...(IF "YES" PLEASE GIVE DETAILS).

TELEPHONE NUMBER:

HOME:

WORK:

CELL:

EDUCATION

JR. COLLEGE/ COLLEGE/ UNIVERSITY:

PLEASE LIST YOUR EDUCATIONAL BACKGROUND



**CALIFORNIA ODYSSEY SOCCER CLUB
COACHING APPLICATION**

COACHES LICENSE LEVEL:
YEAR LICENSE RECEIVED:

PLEASE LIST ANY QUALIFICATIONS/ RELEVANT EXPERIENCE TO DATE TO SUPPORT YOUR APPLICATION

WHAT AGE GROUOP ARE YOU INTERESTED IN COACHING? _____ GENDER? _____

PLEASE LIST DETAILS OF PLAYING EXPERIENCE (IF APPLICABLE)

CLUB	DATE

PLEASE LIST PRESENT OR FORMAER CLUBS WHERE YOU HAVE HELD A COACHING POSITION (IF APPLICABLE)

CLUB	DATE	POSITION

REASON FOR LEAVING:

WHAT IS YOUR ATTITUDE TOWARDS WINNING AND LOSING?

WHAT IS YOUR PHILOSOPHY OF COACHING?

SIGNATURE DATE