



SOCCER COACHING APPLICATION

Coaches are expected to follow the by-laws and guidelines set forth by the EYS Board. By-laws and guidelines are available by request at City Hall, phone 379-3444. Coaching expectations are attached.

Name _____ Date: _____

Address: _____

Social Security #: _____ (used for the background check)

Phone: _____

E-mail: _____

Position(s) applying for (circle all that apply):

Pre-K-2nd grade Head Coach/ Assistant Coach

3rd-4th grade Head Coach/ Assistant Coach

5th-6th grade Head Coach/ Assistant Coach

Qualifications (certifications held, past experiences, knowledge of the sport):

Reason for applying/coaching philosophy:

Volleyball will be during the beginning of September to beginning of November. Please list any conflicts you may have with these times:

Volunteering? Yes or No

By signing this application I certify the above information is correct. I hereby consent to a complete background check. I understand that false or misleading information in this application may result in termination of my employment.

Applicant's Signature

Return completed form to Essex City Hall by March 10th, 2022