



Central Valley Youth Soccer League

1925 Winchester Blvd Suite 105, Campbell, Ca 95008
 www.cvysl.org

CVYSL Competitive Coaching Application 2010/2011

Please answer the following questions as completely as possible to help the league make the best selection of its coaching staff as possible. Teams are formed per our league guidelines.

Name :		Home Phone:	
Address :		Work Phone:	
Child(ren) Names:		Email:	

I want to: Coach Ast. Coach Trainer Coach Lic.

New Team* Y N Existing Team Y N If existing team, will you adopt CV Team Program Rules Y N

Div. 1 Gold Silver Div. 3 Bronze Copper

Age Group: Gender: Team Name:

- New Teams must follow Central Santa Clara Valley Soccer Youth Soccer League Team Program Rules.
- CV will contact several members of each coaches 2009/2010 roster to inquire about their overall experience with the team, and coach. If you did not coach a Central Valley team during the 2009/2010 season, please submit a copy of your team roster with application.
- **U9 and U10 Teams** have an Age group coach who trains and runs the teams for the age group. This coach will oversee all teams in the gender age group, and is in charge of selecting players, player development, and ultimately responsible for the direction of the teams. This coach must have depth in soccer training, game strategy, and clear direction on youth player development. This system will continue as the teams graduate to older age groups.

PART I – Coaching and Officiating Experience

[] Yes [] No Considering the large time commitment required, do you feel that your family, job, etc, allow you sufficient time to dedicate to the team/program?

[] Yes [] No Are you a trained and Registered Referee? If so, what grade?

[] Yes [] No If you are applying to coach a U16+ Division 1 team, do you have a D license?
District II requires a D coaching license for U16 and older Division 1 coaches.

Describe your coaching experience. Attach additional information, if needed.

Year/Season	Type Division 1 or 3	Age Group	Team	Boys/Girls	Summary of Season

Describe your level of coaches training. Please include the year, type of clinic or license regarding coaching, player training, etc. Attach additional information, if needed.

Year	Type of Clinic	Instructor	Additional Information

Considering the age group you're applying for, what would you stress as a coach and how would you judge the success of your current team?	
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Please provide rosters of your two most recent teams that you coached if you are applying as a coach to CVYSL for the first time. The roster should include phone no. and email address of players.

PART II – Personal Experience

<p>Please describe any previous experience you may have had as a soccer player:</p>	
<p>Please describe other participation you have had with a sports league before (board position, coordinator, age group coordinator, etc)</p>	

PART III – Questionnaire

- Yes No If you are selected to coach, will you adhere to the governing policies and guidelines of CYSA and CVYSL?
- Yes No Compared to last year, has your team roster significantly changed (i.e., more than 33% from the previous year). If so, please attach an explanation for the change.
- Yes No A coach is responsible for the conduct of his/her team, including players and parents. If selected to coach, will you be conscientious about overseeing the team's conduct and adherence to the CYSA and CVYSL rules?
- Yes No If you are selected to coach, will you agree to a background check?
- Yes No Have you ever been convicted of a felony? If yes, please provide date and a brief summary below:

PART IV – References

List two people (whom we may contact) that have relevant knowledge of your coaching ability, style, and professionalism.

Name	Phone	Address	How is this person acquainted with you?

PART V – League Requirements

- Yes No CVYSL is requiring that each Division 1, & 3 team provide volunteers (non-board member) for the league to call upon for assisting with league events, committees, etc. Will your team comply with this requirement?

I have read and understand this application. I have answered truthfully and completely.

Signature: _____ Date: _____

DEADLINE TO APPLY FOR THE 2010/2011 SEASON IS 12/04/2009.

Return Application to: **Central Valley Youth Soccer League**
Competitive Coaching Application 2010/2011
1925 Winchester Blvd Suite 105, Campbell, Ca 95008
or e-mail to coach@cvysl.org

APPENDIX A – EXISTING CV TEAMS (2008/2009 AGE GROUP)

Division 1		
U10	Boys	Riot FC Red
	Girls	Magic Red
U11	Boys	
	Girls	Crossfire White Crossfire Red
U12	Boys	Gunners Red
	Girls	Jaguares Red
U13	Boys	
	Girls	Mercury White
U14	Boys	Gunners Red Gunners White
	Girls	Arsenal Wanderers
U15	Boys	United
	Girls	Explosion
U16	Boys	
	Girls	Chilipeppers Revolution White
U17	Boys	Revolution
	Girls	Flames
U18	Boys	United
	Girls	

Division 3		
U9	Boys	2 New Teams
	Girls	2- New Teams
U10	Boys	FC Riot White
	Girls	Magic White
U11	Boys	Power Red Power White
	Girls	Crossfire Blue
U12	Boys	Gunners Blue
	Girls	Jaguares Blue
U13	Boys	
	Girls	Mercury Red
U14	Boys	Gunners Blue
	Girls	Wanderers Red
U15	Boys	
	Girls	
U16	Boys	Dynamo Lightning
	Girls	Revolution Blue
U17	Boys	
	Girls	Quicksilver
U18	Boys	United Blue
	Girls	