

Burnaby District Metro Select Program Coaching Application Form

(To be submitted by January 31, 2019)

Name			
Address			
City & Postal Code			
Email Address			
Phone (Home)			
Phone (Cell)			

Coaching Position Requested:

Please fill out separate application if applying for more than one team.

Season (year)	Age Group	Level	Head or Assistant
2019/20		Metro	

Soccer Coaching Certification Program:

Please list all completed Certification Programs and dates completed (Soccer for Life, B Prep, B License, other). Attach additional pages if necessary.

Other Relevant Certification, Training or Coaching Programs

(Attach additional pages if necessary)

Coaching Experience with Metro Programs

(Attach additional pages if necessary)

Year (most recent first)	Head or Assistant	Age Group	Level	Team Name

Burnaby District Metro Select Program

Declaration

I declare that the information provided above is complete and accurate in all respects. I also declare that I have read and agree to comply with the BC Soccer Coaches Code of Conduct. Upon acceptance as a coach with the Burnaby District Metro Select Program (BDMS), I will consent to, and promptly apply for, a Criminal Record Check, and agree that I will not be assigned a team until such time as I successfully complete the Criminal Record Check process to the satisfaction of the BDMS.

Signature:

Date:

OFFICE USE ONLY

Accepted

Declined

Division

Team No.

Team Name:

Please submit coaching applications to coachingselection@bbydistrictmetrosoccer.com.