



Vienna Youth Soccer Travel Team Coach Application Form

Contact Information	
Name	
Address	
Home Telephone	
Work Telephone	

Application Specific	
Coaching Licence(s)	
Team Age & Gender	
League and Division	
Season	

Please provide answers to the following questions, in your own words, as a coach interested in coaching a team, as defined in the “Application Specific” section above (e.g. as a coach of a U10 Girls team playing in ODSL Division 1)

1. What is your coaching philosophy?
2. What is your coaching experience? Please provide details of teams coached most recently (up to 5 years).
3. What is your playing experience? If played soccer at college or higher please provide teams and dates.
4. How do you feel about the importance of winning as coach of a youth soccer team?
5. How do you feel about playing in and traveling to tournaments?
6. How will you plan, build and develop a youth soccer team?

7. How would you organize parents to assist with team operations?

8. What do you project the per season cost to be for each player on the team?

9. Are you willing to attend coaching clinics?

10. **Either**
 - a. For all new teams and teams transferring into VYS - when did you obtain your USSF "D" licence? Do you have additional youth soccer coaching qualifications? **OR**
 - b. For coaches taking over an existing VYS team – if you have a USSF "D" licence please indicate when this was obtained **or** what are your plans to obtain a USSF "D" licence during the one season grace period allowed by VYS policies and procedures?

11. As a coach, what will you set as the team goals?

12. What experience do you have working with children? Please provide specific details on experience working with children in at least the last 5 years.

13. How would you handle cutting a player from the youth soccer team?

14. How will you work with other coaches as the same age group to further the aims of travel soccer within VYS?

15. What one aspect of the VYS travel program would you change given the chance? Please provide your suggested solution.

16. Please provide two references that VYS may contact:

Contact 1: Name:
Relationship:
Contact number:

Contact 2: Name:
Relationship:
Contact number:

I agree to abide by and support all of the policies and procedures, as they may be amended from time to time, of Vienna Youth Soccer (VYS), Washington Area Girls Soccer (WAGS), National Capital Soccer League (NCSL) and Old Dominion Soccer League (ODSL), if selected to be head coach of a VYS travel team.

SEEN AND AGREED

Signature: _____

Date: _____