



KINGSVILLE'S SOCCER COACHING APPLICATION

- Training Sessions for ALL coaches and referees.
 - Saturday, February 24, 2018 from 9:30 AM to approximately 12:00 PM. Please make plans to attend.
 - All Coaches need to complete sections 1, 2, & 4 and complete the background authorization.
 - YES, I will be a Head Coach - Head coaches are asked to recruit an assistant.
 - YES, I will be an Assistant Coach
- If you have a coaching partner or plan to recruit your own, please note here _____

SECTION 1 – Contact Information – please give phone and email addresses that can be passed on to player’s families

Last Name _____ First Name _____

Street _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

Most communications to coaches are through email. Give an email address that is checked regularly.

Are you a member of a local church? Yes No If yes, where? _____

Gender: M F Date of Birth _____

SECTION 2 – Age Group & Practice Times

→ Circle which age group & gender you prefer to coach.

League	Gender
Instructional (Pre-K – K)	Co-ed
1 st - 3 rd Grade	Boys or Girls
4 th – 6 th Grade	Boys or Girls

→ Circle your 1st choice for a practice day? Monday Tuesday Thursday

Circle your 1st choice for a practice time? 5:30 pm 6:30 pm

→ Circle your 2nd choice for a practice day? Monday Tuesday Thursday

Circle your 2nd choice for a practice time? 5:30 pm 6:30 pm

→ Shirts are provided for all coaches to wear on game day (2018 Shirts are Orange).

What is your shirt style and size?

MEN: S M L XL XXL XXXL (Golf shirt; short-sleeve with collar)

WOMEN: S M L XL XXL XXXL (Short-sleeve, collared shirt, ladies cut with V neck)



Men's Shirt



Women's Shirt



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→ Please check additional areas where you are willing to volunteer

- Referee - Have you refereed Upward soccer before? _____ Yes / No
- Prayer Partner
- Present a half time devotion
- Assist at Evaluations – All coaches are asked to help at one Evaluation time. This is an opportunity to meet parents and players. Which time will you attend?
 - Friday, February 2, from 4:00 PM – 6:00 PM
 - Saturday, February 3, from 9:30 AM – 12 noon

→ If applicable, list your children (or relatives) whom you wish to coach. Limited to 2 players per coach.

Child's Name	Relation	Grade	Gender
_____	_____	_____	M F
_____	_____	_____	M F

SECTION 3 – Personal (Returning coaches may skip this section)

What is your level of soccer knowledge? None Some Moderate Very Knowledgeable

Have you made a personal commitment to Jesus Christ? Yes No

Share your salvation experience (Required. Use the back if needed.)

What strengths do you offer to this ministry? (Use the back if needed.)

What strengths do you offer to this sports league? (Use the back if needed.)

SECTION 4 – Agreement

I understand that any negative personal habits that I have (smoking, alcohol, profanity, anger, etc.) may have a negative effect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a worthy behavioral example for my players and families. I choose to be an encourager and an effective communicator. I commit to lead by example and love others as my example, Jesus Christ, leads my life.

Coach's Signature _____ Date _____

Parental Support Statement for coaches or referees that are under 18 years of age:

I support my child's decision to lead out as a coach or referee through this ministry opportunity. I understand that any negative personal habits that he/she has (smoking, alcohol, profanity, anger, etc.) may have a negative effect on a child's spiritual development. Understanding that the children on their team have been placed under their guidance, I commit to pray and support my child in setting a worthy behavioral example for each player and their families. I choose to be an encourager and also commit to lead by example and love others as my example, Jesus Christ, leads my life.

Parent's Signature _____ Date _____



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SECTION 4 – CONFIDENTIAL Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Kingsville Baptist Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Kingsville Baptist Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

****Kingsville Baptist Church** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.