

Central Vancouver SC & Westside SC

Select Coach Application

Name: _____ D.O.B. _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

Team Gender: _____ Age Level: **U** - _____

Coaching License: _____

E-mail address: _____

Previous Coaching & Playing Experience: _____

CVSC or WSC Team's Coached before:

Team Name

Year(s)

Team Name	Year(s)
_____	_____
_____	_____
_____	_____

Do you have a Washington State Patrol and WSYSA Volunteer Application & Disclosure Statement background form on file? YES _____ NO _____ If YES - complete the following:

WSYSA Risk Management Expiration Date: _____ WSYSA ID #: _____

Signature of applicant

Date