



VOLUNTEER APPLICATION FORM

HOUSE LEAGUE COACHES AND CONVENORS

SEASON

SUMMER OUTDOOR (May – September)

FALL INDOOR (October – December)

WINTER INDOOR (January – March)

POSITION

HEAD COACH

ASSISTANT COACH

CONVENOR

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

Street

City

Postal Code

Home Phone #: _____ Cell / Business #: _____

Email Address: _____

Date of Birth (OSA Requirement): mm/dd/yyyy

Have you had a valid Police Check in the last 3 years? If yes, Date: mm/dd/yyyy

**Valid Police Checks are required by all coaches 18 years of age and older. A copy must be submitted to the BYSC Office before the start of the house league season*

COACHING INFORMATION

Year of Birth of the player(s) you wish to coach:

Gender:

If you are applying to coach for your son(s) or daughter(s)'s teams, please provide the following information:

Player's First and Last Name

Date of Birth

mm/dd/yyyy
mm/dd/yyyy

PREVIOUS VOLUNTEER EXPERIENCE

Volunteer Signature: _____

RETURN TO:

Burlington Youth Soccer Club
3370 South Service Rd, Suite 200/201 Burlington ON L7N 3M6
Phone: (905) 333-0777 Fax: (905) 333-9127
customerservice@burlingtonsoccer.com