



**Maine Metro F.C.
Premier Soccer**

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e-mail: mmfc@maine.rr.com
Website: www.mainemetrofc.com

COACH SELECTION APPLICATION

Name: _____
D/O/B: / / SSN: _____
Address: _____ City: _____
State: _____ Postal Code: _____
Phone: (Res.) _____ (Bus.) _____

(Fax): _____ E-Mail: _____
Current Association/Club Name: _____

TEAM SELECTION

First Choice: _____ Second Choice: _____

(Category i.e., Developmental, U-12, U-13, U-14, U-15, U-16, U17, U-18)

If these choices are not available, would you accept a different position?
Yes _ No _

NATIONAL/STATE COACHING CERTIFICATION *(Please fill out all applicable areas)*

Level D () Year Attained: _____
Level C () Year Attained: _____
Level B () Year Attained: _____
Level A () Year Attained: _____

What is your coaching philosophy (attach sheet if necessary):

COACH SELECTION APPLICATION

(Continued)

COACHING RESUME

Please attach your personal resume, reflecting your coaching experiences and any other information, which is not detailed in this application (i.e. employment, playing experience, other interests, etc.). In addition, include detailed information on all members of your intended coaching staff. Any additional information provided pertaining to the following would also be appreciated.

What is the anticipated role of your co-coaches, assistants, managers and trainers?

What would be some of your anticipated tournaments, etc.?

What are your team initiatives, objectives and goals?

REFERENCES:

(List three references (i.e. player 12 & over, parent, professional)).

Name: _____

Address:

City/Town: _____ State: _____ Postal Code: _____

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City/Town: _____ State: _____ Postal Code: _____

Phone: Res: _____ Bus: _____

Date: _____ Signature: _____