HOUSE LEAGUE COACH - VOLUNTEER APPLICATION FORM

SEASON						
Summer Outdoor	(May – Sept) 🔲 Fall Indo	oor (Oct-Dec)	☐ Winter Indoo	or (Jan-Mar)		
CONTACT INFORMATION						
First Name			Last Name			
Address						
City			Postal Code			
Email			Phone Number			
Date of Birth (OSA Requirement)						
	olice Check in the last 3 ye re required by all coaches house league season		If yes, date: e and older. A cop	_	to the BSC office	
COACHING INFORMATION						
Year of birth of the player(s) you wish to coach						
Gender						
If you are applying to c	coach for your son(s) or da	ughter(s) tear	ns, please provide	the following inform	nation:	
Player's First & Last N	lame (#1)			Date of Birth (#1)		
Player's Frist & Last N	lame (#2)			Date of Birth (#2)		



VOLUNTEER APPLICATION FORM		
PREVIOUS VOLUNTEER EXPERIENCE:		
Name of Volunteer Coach (Print)	Signature of Volunteer Coach	Date

RETURN TO: Angela Erhardt at <u>aerhardt@burlingtonsoccer.com</u> OR in person to the Burlington Soccer Club Office at 3390 South Service Road, Suite 104, Burlington ON L7N 3J5.

