

TIPPCO SOCCER CLUB
COACHING APPLICATION

PLEASE MAIL TO:
PRESIDENT OF TIPPCO SOCCER CLUB
3545 HAMILTON STREET
WEST LAFAYETTE, IN, 47906

1- NAME: _____ TEL#: _____

ADDRESS: _____

EMAIL: _____ SOCIAL SECURITY#: _____

DRIVER LICENSE #: _____ STATE ISSUED: _____

2- WHAT AGE GROUP ARE YOU INTERESTED TO COACH?

DIVISION: _____ BOYS _____ GIRLS _____

HAVE YOU COACHED A SOCCER TEAM IN ANY LEVEL BEFORE? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

3- IF YOU HAVE NOT COACHED A TIPPCO TEAM BEFORE, PLEASE PROVIDE THE NAMES OF THREE PERSONS AS REFERENCE (NO RELATIVES):

NAME: _____ TEL#: _____

NAME: _____ TEL#: _____

NAME: _____ TEL#: _____

4- HAVE YOU EVER BEEN CONVICTED FOR CHILD ABUSE? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED FOR DRIVING WITH ILLEGAL ALCOHOL LEVEL?

YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED FOR ANY KIND OF ILLEGAL DRUG USE? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED FOR ANY TYPE OF FAMILY VIOLENCE?

YES _____ NO _____

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS PAGE ARE CORRECT. I ALSO GIVE PERMISSION TO TIPPCO SOCCER CLUB TO OBTAIN A CRIMINAL BACKGROUND CHECK ABOUT ME.

(PLEASE INCLUDE A COPY OF YOUR DRIVER LICENSE WITH THIS APPLICATION)

PRINT NAME: _____ SIGNATURE: _____

DATE: _____