



## **FCSA COACH/TRAINER APPLICATION**

DATE \_\_\_\_\_  
 LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE NUMBER (h) \_\_\_\_\_ (cell) \_\_\_\_\_  
 EMAIL \_\_\_\_\_

### **What are you applying for?**

Coach \_\_\_\_\_ Trainer \_\_\_\_\_ Either \_\_\_\_\_

### **What age group(s) are you interested in working with?**

Developmental academy (6-10) \_\_\_\_\_ Travel academy (9-12) \_\_\_\_\_  
 KYX (13-19) \_\_\_\_\_  
 Which do you prefer? Boys \_\_\_\_\_ girls \_\_\_\_\_ Either \_\_\_\_\_

### **COACHING LICENSE LEVEL (circle the licenses you have)**

<b>USSF</b>	<b>NSCAA</b>	
A	Premier	
B	Advanced National	
C	National	
D	Level VI	(formerly Advanced Regional)
E	Level V	(formerly Regional)
F	Level IV	(formerly Advanced Youth)
	Level III	(formerly Youth)

Other - \_\_\_\_\_

### **Recommended license level**

<b>U6-8</b>	<b>U9-U10</b>	<b>U11-U12</b>
USSF youth modules		
USSF F or E license	USSF D license	USSF D or higher license
NSCAA level III diploma	NSCAA level V or higher diploma	NSCAA level VI or higher diploma

### **Are you currently training or coaching at another club in Jacksonville?**

NO \_\_\_\_\_ YES \_\_\_\_\_ Where \_\_\_\_\_

### **Please FAX or mail in this form to First Coast Soccer -**

If you are applying for a COACHING POSITION, ALSO INCLUDE –

A - copy of resume including coaching and playing experience.

B - copies of licensing certificates are required

C – list of references

**FAX to (904)223-3707 or**

**MAIL to FCSA 2850 Hodges Blvd, Jacksonville, FL 32224**