



ALLSTAR AYSO Coaching Questionnaire

Name _____

Phone (Res) _____ (Bus) _____ (Cell) _____

- Are you Safe Haven certified? Yes No
- Have you ever coached soccer? Yes, # of years: _____ No If Yes, where? _____
- What is your highest level of AYSO Coaches Training? Advanced Intermediate
 U12 U10
- Do you have any other formal coaching training? Yes No
- How many years have you coached AYSO? _____ What age groups & gender? _____
- Do you have previous All-Star experience? Yes No
 In which capacity? coach assistant coach referee parent?
- Are you an AYSO or USSF certified referee? Yes No
 If so what badge level? _____
- The post-season usually lasts from December through June. The area/sectional/tri-sectional tournaments take place on multiple weekends during the months of January, February, and March. Do you have any commitments that may conflict with coaching an all-star team?
 Yes No
- Briefly state why you would like to be an All-Star coach. What would be the goals that you would like to accomplish during the post-season? What criteria would you use for selecting all-star players?



ALLSTAR AYSO Coaching Application

Name _____ SS# _____

Phone (Res) _____ (Bus) _____ (Cell) _____

Address _____ City/State/Zip _____

**If you have lived at this address for less than 5 years, list prior address (use additional pages if necessary):*

Address _____ City/State/Zip _____

1. Could your occupation cause you to cancel practices? Yes No
2. Do you have a valid driver's license? Yes No State _____ Number _____
3. Have you ever received treatment for alcohol or drug abuse? Yes No
4. Have you ever had charges brought against you for child molestation, abuse or neglect? Yes No
5. Do you have any first aid training? Yes No If so, what kind _____ What age level _____
6. Have you ever played soccer? Yes, # of years: _____ No If Yes, what age level? _____
7. Have you ever coached soccer? Yes, # of years: _____ No If Yes, where? _____
8. Please list the name, address and telephone number of two persons who know you sufficiently well to comment on your past coaching or your potential as a coach.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

9. Are you Safe Haven certified? Yes No CDC Concussion Certification ___ Yes ___ No
10. What is your highest level of AYSO Coaches Training? Advanced Intermediate
 U12 U10
11. Do you have any other formal coaching training? Yes No
12. How many years have you coached AYSO? _____ What age groups & gender? _____
13. Do you have previous All-Star experience? Yes No
In which capacity? coach assistant coach referee parent?
14. Are you an AYSO or USSF certified referee? Yes No If so what badge level? _____
15. The post-season usually lasts from December through June. The area/sectional/tri-sectional tournaments take place on multiple weekends during the months of January, February, and March. Do you have any commitments that may conflict with coaching an all-star team? Yes No
16. Briefly state why you would like to be an All-Star coach. What would be the goals that you would like to accomplish during the post-season? What criteria would you use for selecting all-star players?
