



**Connecticut Junior Soccer Association
Olympic Development Program & Player Development
Coaching Application**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____
 Phone #: (h) _____ (cell) _____
 e-mail: _____

USSF Licenses: D C B A

NSCAA Diplomas: Regional National
 Advanced Premier

Other Licenses: _____

Current Club Affiliation: _____

Current High School /College Affiliation: _____

Current Coaching Information

Age Group(s): U11 U12 U13 U14 U15
 U16 U17 U18/19 College

Premier Travel/Rec Boys Girls

ODP & YPDP you Would Prefer to Coach
(You may not be selected for your preferred age group)

Age Group(s): U11 U12 U13 U14
 U15 U16 U17

Head Assistant Boys Girls

Please provide names and phone numbers for three professional references:

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____

Signature: _____ Date: _____

PLEASE ENCLOSE A COPY OF YOUR SOCCER COACHING & PLAYING RESUME

Mail Completed Application to:

Austin Daniels, Director of Coaching
 11 Executive Drive, Suite 203
 Farmington, CT 06032

email: doc@cjsa.org