



**References (Mandatory)**

References from any previous clubs or schools where you coached:

**Name** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_  
**Organization/Position** \_\_\_\_\_

If recommended by a member of 49er United, please provide their contact information:

**Name** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

Personal references (not relatives) that can be used for character verification:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**eMail Address** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**eMail Address** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes No

Do you use illegal drugs? Yes No

Does any report accusing you of child abuse appear on the Child Abuse Index maintained by the California Department of Justice? Yes No

Other than the above, is there any fact or circumstance involving you or your background that would come into question with you being entrusted with the supervision, guidance and care of Yes No

**NOTE:** If you answered yes to any of the above questions, please explain on the back of this form. This will not necessarily disqualify you as a volunteer or paid coach. A league representative may request additional information.

\_\_\_\_\_ I agree to pursue 49er United Soccer Club coaching licensing guidelines to the best of my ability. I understand that I am expected to hold at minimum a USSF E License or USC 9v9/11v11 Certification, in addition to the USC Level 1 Futsal Diploma.  
Initial

\_\_\_\_\_ I agree to allow an authorized 49er United Soccer Club representative to contact any personal references I have listed.  
Initial

\_\_\_\_\_ I voluntarily agree to and authorize any 49er United Soccer Club representative to conduct background checks deemed necessary to verify the information I have given on this application. In signing this application, I certify that the information I have given is true and correct.  
Initial

**Printed Name of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_