



Volunteer Coaches Form

For STARS Coaches & Administrators

Coach

Assistant Coach

Team Manager

Which program are you requesting?

UNITED SOCCER

EXCEL SOCCER

UNITED HOOPS

FLAG FOOTBALL

TACKLE FOOTBALL

SPIRITLINE

Last Name _____ First Name _____ MI _____

Address _____ City _____

State _____ Zip _____ DOB _____ Gender _____

Home phone _____ Cell phone _____

Email address _____

What grade/age are you requesting?

Pre/K 1st/2nd 3rd/4th 5th/6th 7th/8th Boys Girls Age Group: _____
(circle all that apply) (for programs with gender specific teams) (For Excel Soccer only)

Team name:

1st choice: _____ 2nd choice: _____

Preferred night(s) of practice:

1st choice: _____ 2nd choice: _____

Preferred time(s) of practice:

1st choice: _____ 2nd choice: _____

Coaches for this team:

Head Coach: _____ Assistant: _____

Assistant: _____ Assistant: _____

I understand that:

- A. In applying for a CCV STARS Youth Club position, the information which I have furnished on this form is subject to verification.
- B. The CCV STARS Youth club reserves the right to deny application to any person for any legitimate reason, including conviction of a crime of violence or a crime against a person.

Print Name: _____

Signature: _____ Date: _____

Fax completed form to: 623-376-0444 Attention Shami