

SAN FRANCISCO VIKINGS SOCCER CLUB COACH APPLICATION – SUMMER 2008

Please mail completed application to:
SFVSC Camp Director, 2521 Judah St., San Francisco, CA 94122
Questions: 415-753-3111

Coach _____

Assistant Coach _____

Name: _____ Age: _____

Address: _____ City: _____

Zip: _____ Email: _____

Phone Day: _____ Evening or Cell: _____

In case of emergency, contact: _____

Employer: _____

Coach Experience: Yes / No Number of Years: _____

If yes, where: _____

Have you worked at our camp before: Yes / No When: _____

Coaching License: Yes / No If yes, what level: _____

Social Security #: _____ Driver's License #: _____

Available for Orientation during an evening: Yes / No Jacket Size: _____

How did you hear about our camp: _____

Availability: Session 1: July 21-25 _____ Session 2: July 28-Aug 1 _____

 Session 3: Aug 4-8 _____ Session 4: August 11-15 _____

FOR CLUB USE ONLY

DATE RECEIVED: _____

HIRED: Yes / No

RATE: _____ APPROVED: _____

COMMENTS: