



## Owen Sound Minor Soccer Association

PO Box 951 Owen Sound ON N4K 1P1

[www.owensoundminorsoccer.ca](http://www.owensoundminorsoccer.ca)

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# Rep Coach Application 2026 Season

## Applicant Information

Name:

Address:

Postal Code:

Home Phone:

Cell Phone:

Email Address:

## Coaching Preference

Please list your preferred coaching position (i.e. U12 Head Coach, U15 Assistant Coach, etc.)

1)

2)

3)

4)

Do you have a child currently playing with OSMSA?      Yes                      No

Child Gender:

Child Birth Year:

## Coaching Qualifications

Please select all coaching qualifications that you have completed and attach proof of completion (download of the certificate or screenshot) with this form. For information on what courses/certifications are required for each age group, go to the link below.

<https://www.owensoundminorsoccer.ca/coaching-requirements>

NCCP Number:

OSA Number:

CSA National "A" License

CSA National "B" License

UEFA Coaching Certification

CSA National Youth License

Understanding the Rule of Two

CSA National Children's License

Active Start

CSA National "C" License

FUNDamentals

Ontario Soccer Grassroots Diploma

Learn to Train

Making Ethical Decisions

Soccer for Life

Making Headway

Respect in Soccer

Emergency Action Plan

## Previous Coaching Experience

Please list any past coaching experience you have. Include the year, club, team, and division.

1)

2)

3)

4)

**Team Staff**

Please list potential team staff you intend to have assist you (assistant coach, manager, etc.)

Name:	Phone #:	Position:
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Name:	Phone #:	Position:
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Name:	Phone #:	Position:
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Name:	Phone #:	Position:
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**Coaching Questions**

Briefly describe why you want to coach and what enhancements you will bring to Owen Sound Minor Soccer as a coach. Also describe your coaching philosophy (add an extra page or include in your email if required).

Please add any additional experience, licensing, or comments you would like to share.

### **References**

Please list two personal references.

Name: Phone Number:

Name: Phone Number:

A police Vulnerable Record Check completed within the past 3 years is required for this position. Please attach a copy of your completed police check with your application.

### **Submission Instructions**

The deadline to submit this application is Wednesday August 27<sup>th</sup> by 5:00pm. By applying to Owen Sound Minor Soccer you acknowledge that you will comply with all Owen Sound Minor Soccer policies and best practices (<https://www.owensoundminorsoccer.ca/policies>). You also acknowledge that your coaching application submission may also be subject to a follow up interview, and you are willing to be available throughout the interview period from September 2<sup>nd</sup> to September 10<sup>th</sup>.

Please submit this application to OSMSA President Mark Perry at [president@owensoundminorsoccer.ca](mailto:president@owensoundminorsoccer.ca).

Please note that all successful applicants will be contacted directly.

By signing below, I declare that the above information is true, complete, and accurate.

Signature:

Date: