



APPLICATION FOR EMPLOYMENT REGION IV GIRLS OLYMPIC DEVELOPMENT PROGRAM

PLEASE READ CAREFULLY AND COMPLETE BY PRINTING IN INK OR TYPING

(Last Name)	(First)	(MI)	Date of App
Street Address		City	State
Email		Phone	Fax
Coaching License Status:		License #:	Date of Birth:
<small>(Must be USSF "A" or "B" for Regional Staff, or NSCAA equivalent)</small>		Exp. Date:	
Previous ODP Coaching experience:			
Region (1,2,3,4):	Position:	# of Years:	

Indicate all *week(s) you are available to work.

Priority will be given to coaches that can work a minimum of 2 consecutive cycles

√	**Please check the boxes of the weeks you can attend.				
<input type="checkbox"/>	Cycle 1	U-17 (1993) U-16 (1994)	June 29- July 3	*Coaches need to arrive by: June 29 @ 2:00 pm	*Coaches will depart the morning of July 3
<input type="checkbox"/>	Cycle 2	U-15 (1995) U-14 (1996)	July 5- July 10	*Coaches need to arrive by: July 5 @ 2:00 pm	*Coaches will depart the morning of July 10
<input type="checkbox"/>	Cycle 3	U-13 (1997)	July 11 – July 16	*Coaches need to arrive by: July 11 @ 2:00 pm	*Coaches will depart the morning of July 16

Please check if you will be attending ODP camp with a state team. Cycle with state = _____

Please check if you are interested in potentially working as an Assistant or Age Group Coach

Please check if you are interested in helping with:

goalkeepers or

field players

Professional References.

List two past supervisors not related to you who have knowledge of your qualifications for the position for which you are applying. Please attach resume.

Name	Title	Email Address	Phone

Required Signature:

Signature: State Director of Coaching

Date

NOTE: If an applicant is not recommended by the above signatories, a written reason for disapproval must accompany this application.

Mail completed form to: **Joyce Bordley, Region IV Girls ODP Administrator**
 2627 Cherry Hills Dr.
 Discovery Bay, CA 94505
 E-mail joyce.bordley@regioniv.com
 Phone (925) 286-2580

For Questions: **Platini Soaf, Region IV Girls Head Coach**
 Phone (858) 518-4729
 E-mail platini.soaf@regioniv.com

Application Deadline: March 1, 2010

Provide all information requested.

Your complete application form will be maintained in our active files for one (1) year from the date of application. You must submit a new application for each year of application.

An Equal Opportunity Employer.

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purposes.

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentations or omission of facts on my part will be justification for separation from the Region's service, if employed. I understand that my employment may be contingent upon receipt of any other pertinent information bearing upon my employment, and that my continued employment depends on the will of Region IV or myself.

An incomplete form will not be considered for employment.

REGION IV OFFICIAL USE ONLY

Received By : _____ **Date :** _____

Risk Management Form : _____ **Date :** _____