



**INDIANA PROGRAM
STATE STAFF APPLICATION**

Name: _____

Address: _____

Phone: (w) _____ (h) _____

(c) _____

Email: _____

Current coaching license: _____
(Issued by, level, number and date of issue)

Playing / coaching background:
(Please attach a resume)

Do you currently coach and/or involved with a Club Program? ____ (yes / no)

If yes, please specify Club Name, Position, and Age Groups Coached: _____

Do you currently coach at a high school? ____ (yes/no)

If yes, which school and position? _____

Do you currently coach at a college or university? ____ (yes / no)

If yes, which institution and position? _____

Do you currently or have you coached with Indiana ODP? ____ (yes/no)

If yes, please specify position(s) with Indiana ODP: _____

(Head Coach, Assistant Coach, Gender, Age Group)

Do you currently or have you coached with Region II ODP? ____ (yes/no)

If yes, please specify position(s) with Region II ODP: _____

(Age Group Head Coach, Age Group Assistant Coach, Staff Coach, Gender, Age Group)

Please indicate role(s) and age group(s) you would like to be considered for (feel free to check as many as you like):

Boy's ODP Girl's ODP

Age Group Head Coach Age Group Assistant Coach

Head Goalkeeper Coach Goalkeeper Assistant Coach

Staff (Extra) Trainer Coach in Training (CIT)

Age Groups: 2001 2000 1999 1998

1997 1996 1995

Please express why you are interested in being part of Indiana ODP in any of the roles you indicated above:

Please return to:
Joy Carter
Olympic Development Program Administrator
Indiana Soccer
5440 Herbert Lord Road
Indianapolis, IN 46216
(o) 800.347.4972
(F) 317.829.0555
joy@soccerindiana.org