



West Oahu Region 769  
Fall Select Program 2026

# COACH APPLICATION

## PRE REQUISITES FOR SUBMITTING AN APPLICATION TO COACH

- Current AYSO Volunteer Application Form
- AYSO Safe Haven Certification
- Concussion Awareness Certification
- Sudden Cardiac Arrest
- SafeSport
- 1 Year minimum coaching experience (may be waived with AGC recommendation)
- Certification levels:
  - 10U and 12U = 12U Coach
- Completed Application
- **APPLICATION DUE: MAY 3, 2026**

## APPLICANT'S INFORMATION

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

Age: 10U    12U    Gender: BOYS    GIRLS

## TRAINING (Circle highest attained and year training completed)

AYSO Coach:    10U    12U    Intermediate    Advanced    National    Year: \_\_\_\_\_

USSF Coach:    E    D-State    D- Nat'l    C    B    A    # \_\_\_\_\_ Year: \_\_\_\_\_

Did you use the AYSO Reciprocity agreement for licensing?    Yes \_\_\_\_\_ No \_\_\_\_\_

AYSO Referee:    Regional    Intermediate    Advanced    National    Year \_\_\_\_\_

AYSO Safe Haven: Year \_\_\_\_\_    CDC Concussion: Year \_\_\_\_\_

## EXPERIENCE (Starting with the most recent season)

Experience Coaching – AYSO

Region: \_\_\_\_\_ Division: \_\_\_\_\_ Fall **Spring** Select Core Year: 2026

Region: \_\_\_\_\_ Division: \_\_\_\_\_ Fall Spring Select Core Year: \_\_\_\_\_

Region: \_\_\_\_\_ Division: \_\_\_\_\_ Fall Spring Select Core Year: \_\_\_\_\_

Region: \_\_\_\_\_ Division: \_\_\_\_\_ Fall Spring Select Core Year: \_\_\_\_\_

Total years in coaching in AYSO: \_\_\_\_\_

Experience Coaching/Training – Other Organizations (USYS, US Club, SAY, etc):

Club: \_\_\_\_\_ Level: \_\_\_\_\_ Years: \_\_\_\_\_ - \_\_\_\_\_

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Total years coaching in other organizations \_\_\_\_\_

Have you ever volunteered for West Oahu in other ways? (ie referee, board member, etc...)

Board Member Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_

Registration Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_

Field Maintenance Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_

Tournament Assistance Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_

Referee Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_

Other: \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_

Additional experience you consider relevant to your application to coach a SELECT team:

Multiple horizontal lines for writing additional experience.

(If you require more space, please attach additional paperwork to your application when submitted)



West Oahu AYSO Select Committee will review your application and make a decision on the coaches for the Select Season.

**IMPORTANT: You may not contact any child or family about their interest in fall select season until you have been chosen by the board and your selection has been acknowledged in writing. Any coach violating this rule will be removed as a select coach!**

I understand the Region 769 Spring Select team coach selection process and rules of conduct and agree to abide by it. I further understand and agree that the regional committee that will select all coaches can also remove any coach at any time for cause.

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Printed Name

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Signature

Date

Thank you for your application.

**RETURN COMPLETED APPLICATION via email at: [westoahuayso769@gmail.com](mailto:westoahuayso769@gmail.com)**