

# TOWNSHIP OF PEMBERTON

## Department of Recreation

500 Pemberton-Browns Mills Road

Pemberton NJ 08068-1539

(609) 893-5034 – Telephone

[recreation@pemberton-twp.com](mailto:recreation@pemberton-twp.com) – E-mail

[www.pemberton-twp.com](http://www.pemberton-twp.com) – Website

### YOUTH INDOOR SOCCER - 2019/2020 POSITION APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applying For:  Coordinator  Referee  Coach  Asst Coach

T-Shirt Size: \_\_\_\_\_

#### REFEREE APPLICANTS:

Briefly describe why you would like to be considered for the position - please include any experience you have with soccer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any dates during the season that you will not be available? \_\_\_\_\_

\_\_\_\_\_

#### COACH & ASSISTANT COACH APPLICANTS:

Have you volunteered as a youth sports coach before? YES NO

If yes, which sports have you coached? \_\_\_\_\_

How many years of coaching experience do you have? \_\_\_\_\_

Have you worked with youth in programs other than sports? YES NO

If yes, please list: \_\_\_\_\_

Do you have an F License? YES NO

Have you completed the Rutgers Safety Training Program? YES NO

(CONTINUED ON NEXT PAGE)

Do you have any other youth-volunteer related training?	YES	NO
If yes, please list: _____		
Are you certified in First Aid and/or CPR?	YES	NO
Will your child be on your team?	YES	NO
If yes, child's name: _____ Division: _____		
If no, please select which division you would like to coach:		
[ ] Little Kickers Division - Pre-School		
[ ] Division 1 - Grades K & 1		
[ ] Division 2 - Grades 2 & 3		
[ ] Division 3 - Grades 4 & 5		
[ ] Division 4 - Grades 6, 7 & 8		
Coaches - Do you have an assistant coach in mind?	YES	NO
If yes, their name: _____		
Will their child also be on the team?	YES	NO
If yes, child's name: _____		

***PLEASE NOTE - ALL APPLICANTS AGES 18+ MUST COMPLETE OUR BACKGROUND CHECK.***

**SUBMIT YOUR APPLICATION BY:**

**EMAIL:**

**[NPITTMAN@PEMBERTON-TWP.COM](mailto:NPITTMAN@PEMBERTON-TWP.COM)**

**MAIL:**

**TOWNSHIP OF PEMBERTON  
ATTN: RECREATION DEPARTMENT  
500 PEMBERTON-BROWNS MILLS ROAD, PEMBERTON, NJ 08068**

**IN-PERSON:**

**RECREATION DEPARTMENT: 69 TENSAW DRIVE, BROWNS MILLS, NJ 08015  
Monday – Friday 8am- 4:30pm**

*\*After Hours Convenience Drop Box Available\**

***THANK YOU FOR YOUR INTEREST - WE WILL BE IN CONTACT AS THE SEASON APPROACHES!***

**QUESTIONS? CONTACT THE RECREATION DEPARTMENT:  
609-893-5034**