



Illinois Youth Soccer TOPSoccer Buddy Award Nomination

Each month Illinois Youth Soccer will honor a TOPSoccer Buddy Of The Month. Each Buddy. Of The Month will be considered for the Buddy Of The Year Award. Deserving administrators that were not awarded Buddy Of The Month can still be nominated for TOPSoccer Buddy Of The Year.

TOPSoccer Buddy Of The Month nominations due no later than the 24th of each month
TOPSoccer Buddy Of The Year nominations due no later than October 1.

REQUIREMENTS TO APPLY:

The individual may be selected extraordinary accomplishments as a TOPSoccer buddy if the individual:

1. was a volunteer for an Illinois Youth Soccer affiliated TOPSoccer program
2. has demonstrated patience, understanding, dependability, flexibility, and ability to adjust to ever-changing on-field situations;
3. has proven to be an invaluable volunteer who facilitates the Program by filling many roles, including being a coach, a cheerleader, a role model, and assisting when needed with administrative responsibilities;
4. has provided support, engaged players one-on-one, and modeled desired behavior in group play or off to the side of group play; and
5. is cognizant of player safety while assisting, guiding, directing, teaching the game of soccer and its skills, and creating a fun and learning experience

PLEASE COMPLETE IN FULL. PLEASE TYPE or PRINT LEGIBLY

NOMINEE'S NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____

EMAIL: _____

IYSA AFFILIATED CLUB/LEAGUE: _____

NOMINATORS NAME: _____

PHONE NUMBER: _____

RELATION TO NOMINEE: _____

CRITERIA:

1) Involvement with TOPSoccer and community:

How and when did the nominated Buddy get involved with TOPSoccer? What impact has he or she had on the local association? Has the TOPSoccer Buddy demonstrated leadership within the community? How so? What other activities is the Buddy involved in?

2) Promoting the game:

What steps has the TOPSoccer Buddy taken to further advance the game and all who participate? Does the TOPSoccer Buddy participate in soccer outside his or her position as a TOPSoccer Buddy (i.e. playing or refereeing)? Has the Buddy created relationships within the community to promote the game? Give examples.

3.) Moral and Ethical Character:

Does the TOPSoccer Buddy share similar values to those of US Youth Soccer and its' members? Has the TOPSoccer Buddy received compensation for his/her efforts? How has the TOPSoccer Buddy's involvement with TOPSoccer shaped his/her character?

Your completed nomination should include ONLY the following:

1. Completed nomination form
2. MAXIMUM OF THREE (3) letters of recommendation
***Only 3 letters will be read so please do not include more*

Entries for consideration should be submitted to:

- chrisj@illinoisyouthsoccer.org
- Faxed to 847-290-1576
- Mailed to:
Illinois Youth Soccer Association
Attn: Awards
1655 S. Arlington Heights Rd., Suite 201
Arlington Heights, IL 60005

TOPSoccer Buddy Of Month Applications must be received no later than the 24th of each month.

TOPSoccer Buddy Of The Year Nominations, for any non-Buddy Of Month recipient, must be received no later than October 1.