

COACHING APPLICATION FORM

Program: Football / Cheerleading

Position: Head Coach / Assistant Coach

Team Level: (5/6 Flag Football) (7/8 Knee Highs) (9/10 Mitey Mites) (11/12 Midget)

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **Email:** _____

Occupation: _____ **Employer:** _____

Business Address: _____ **Yrs with Employer:** _____

Drivers License Number: _____ **State:** _____ **Expiration:** ___/___/___

Reason for wanting to coach Youth Football; fully express your attitude:

Have you ever had certification for football/cheerleading? YES/NO

Have you ever had certification for any other sport? YES/NO

Coaching Background (Include any other certification programs you feel pertinent):

References (Please do not list family members):

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Additional Information:

1. Do you use illegal drugs? YES/NO

2. Have you ever been convicted of a criminal offense? YES/NO

3. Has your driver's license ever been suspended or revoked? YES/NO

4. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below) YES/NO

(over)

I understand that:

- 1. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application that may have information concerning me. This information will also be used to do a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the SFYFB and any of its member teams, Executive Board members, coaches, and volunteers thereof.**

- 2. In signing this application, I have read the attached information and apply for registration for coaching with the SFYFB. I agree to comply with the Bylaws, rules, and regulations of the SFYFB and the league I have applied to coach in. I affirm that the above information I have given on this form is true and correct.**

- 3. As a condition of me coaching I will provide the SFYFB organization a the necessary background check information, which may include but not limited to criminal history, sex offender registry clearance. I understand that if appointed, my position is conditional upon the organization receiving no inappropriate information on my background.**

- 4. That regardless of previous experience and appointments SFYFB is not obligated to appoint me to a coaching position. I also recognize that SFYFB will not discriminate against any person on the basis of Race, Creed, Color, National Origin, Martial Status, Gender, Sexual Orientation, or Disability.**

- 5. PRIOR TO THE COMPLETION OF MY DUTIES I MAY BE SUBJECT TO SUSPENSION BY THE PROGRAM COMMISSIONER(S) AND REMOVED BY THE BOARD of DIRECTORS FOR ANY VIOLATION OF SYYFB POLICIES OR PRINCIPLES.**

Signature of Applicant

____/____/____
Date

Mail application to:

For Association Use Only
Application Review Date: ____/____/____ **Approved/Denied**

Reasons Denied: _____

Signature of Association President: _____