

SLFC Coach's Application

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

E-Mail Address: Home: _____

Work: _____

Employer: _____

SSN: _____ Date of Birth: _____

(Please circle one) What position are you applying for? HEAD ASSISTANT TEAM MGR

Which SLFC team are you completing this application for? _____

Have you coached previous to this year? Yes/No If yes give dates, location, and age groups

Please list any other experience you had in coaching: _____

Have you ever been convicted of a felony or any crime against a minor:
(please circle one) YES or NO (If yes, please give a detailed statement of explanation.)

References – Please provide two:

| Name | Phone Number | Relationship: |
|------|--------------|---------------|
|------|--------------|---------------|

By signing below you (i) certify that, to the best of your knowledge, all of the information on this Application is complete and correct, (ii) authorize the directors of SL Football Club (SLFC) to make such inquiries and obtain such information as they deem necessary in their sole discretion to verify the accuracy of the information on this Application and your fitness to coach for SLFC, including, but not limited to, conducting background investigations, and (iii) agree to indemnify SLFC and its directors, officers, and agents from and against all losses, damages, or liabilities resulting from your negligence or intentional acts.

SIGNED: _____ DATE: _____

Please scan and email application to Shane Cahalan at slfc.cahalan@comcast.net.

If you have any questions or concerns, please call Shane at 720-442-4244.