

# Connecticut Youth Football & Cheerleading League (CTYFL) Football and Cheerleading Coaching Application

**Program:** Football / Cheerleading    **Position:** Head Coach / Assistant Coach

**Team Level:** (A Team) (B Team) (C Team) (Mitey Mites)

**Town to Coach in:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Yrs with Employer:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

**Other Youth Organization Experience:** \_\_\_\_\_

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**Previous Residences for the last five years (list City and State):** \_\_\_\_\_

\_\_\_\_\_

(over>>)

Current Memberships (religious, community, business, labor, or professional): \_\_\_\_\_

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 |

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 ECFC 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 ECFC. I agree to comply with the Bylaws, rules, and regulations of the ECFC and the town I have applied to coach in. I affirm that the above information I have given on this form is true and correct."

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

Mail application to:

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For Association Use Only

Application Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved Denied

Reasons Denied: \_\_\_\_\_

Signature of Association President: \_\_\_\_\_

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