

**WETHERSFIELD YOUTH FOOTBALL AND CHEERLEADING
2017 COACHES APPLICATION
****CONFIDENTIAL******

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____



DRIVER'S LICENSE

State: _____ Number: _____ Expiration: _____



SOCIAL SECURITY #: _____



CONTACT INFORMATION

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax #: _____

Email: _____



REFERENCES

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

.....

COACHING LEVEL DESIRED

Program:

Tackle: _____ Flag: _____ Cheerleading: _____

.....

Position:

Head: _____ Assistant: _____ Scout: _____

.....

Level:

A: _____ B: _____ C: _____ Mighty Mites: _____ Flag: _____

.....

Number of hours per week available to coach? _____

Do you have any Coaching or First Aid Certification? _____

Describe: _____

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Please Describe Previous Experience

Football _____

Coaching: _____

Youth: _____

CHARACTER

Ever been Convicted of a Non-Motor Vehicle Crime? _____

Ever been convicted of Driving DUI or DWI? _____

Any legal restraints or restrictions preventing you from associating with or coaching children? _____

Any reason you should not coach children? _____

Describe any "yes" answers: _____

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Understanding

By evidence of my signature below, I certify that the information provided in this application is true and complete. I further understand that information in this application may be used for a background check including a possible criminal background check to determine my suitability as a football or cheerleading coach or assistant coach. I further understand that the Eagles Youth Football Board of Directors will decide what criteria will be used to evaluate this application and will make the final decision on who shall be allowed to coach.

Signature: _____ Date: _____

Please return to: Eileen McKenna—89 Dudley Road, Wethersfield, CT 06109

