## WYFCL Football & Cheer Coaches Application 2013

## CONFIDENTIAL

Division: Division 1 [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	Division 2 Division eck all that apply)	n 3 Mighty Mites		
	h: Coordinato k all that apply) O			
Name:	Social Security	v #:		
Address:	City:	Zip Code:		
E-Mail (H)	E-Mail (W)			
Phone (H) (W)		(C)		
Employer:	Occupation:			
Employer Address:	City:	Zip:		
Drivers License #:	State:	Exp Date:		
Please use additional sheets if necessary to an	nswer the following qu	estions		
Coaching Background & Philosophy:				
Other Coaching experiences:				

	WYFCL Head Coach, Offens Coach(Please check one)	sive Coordinator, Defensive	
If applying at more than one	e level, please indicate what position	on you are interested in per level:	
Coaching References: P	revious coaches you've been	directly associated with:	
Name:	Phone #:	Years Known:	
Name:	Phone #:	Years Known:	
Character References: (No relatives)			
Name:	Phone #:	Years Known:	
Name:	Phone #:	Years Known:	
Have you ever been convicte Location:	ed of a felony? Check Y N	YES? Date:	
Convicted of any crime against, in concert with, or involving a child? (check) Y N			
If YES: Date: Locat	ion: Case #:	Court:	
Other than the above, is there any fact or circumstance involving your background that would call into question your being trusted with the supervision, guidance and care of minor children?			
Yes No (please che	ck)		
If yes, explain:			

Please rate the following: (5 = nignest)	
Your knowledge of the WYFCL rules: Your knowledge of the OCYFL rules: Your knowledge of the WYFCL rules re: minimum play: (football only) Requirements and/or platooning	1 - 5: 1 - 5: 1 - 5:
The importance of winning: The importance of good sportsmanship The importance of teaching basic fundamentals, Technique and safety: The importance of shaping acceptable behavior Patterns regardless of winning Willingness to make certain that all administrative Coaching responsibilities are completed ON TIME  For Football Coaches: If approved as a Head Coach, I unde a Football Coaches Clinic, a Rules Clinic and I must be CP have, at every practice, an individual who is so certified be the team. I further agree that if approved as Head Coach, I understanding, communicating and abiding by the "Coache	PR or Sports Medicine Certified or fore I can begin physically working am responsible for knowing,
WYFCL and OCYFL rules.  Initials:	
1. The information that I have provided may be verificed background check and/or contacting persons or organization me. I hereby release and agree to hold her that provides information. I also agree to hold harm and agents thereof and any person or organization to involved in the decision making process.	anizations that may have information narmless any person or organization aless WYFCL, the Board of Directors
Initials:	
2. In signing this application, I affirm that the informa	ation I have given is true and correct.
Signature of Applicant:	Date:
All Football Coaches Applications m	

All Football Coaches Applications must be postmarked by 4/15/13

All Cheerleading Coaches Applications must be postmarked by 4/15/13