

Vernon Youth Football and Cheerleading Coaching Application

PO Box 2241 Vernon, CT 06066

Program: Football / Cheerleading

Position: Head Coach / Assistant Coach

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

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):

Other Youth Organization Experience: _____

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 VYF and any of it's 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 VYF. I agree to comply with the Bylaws, rules, and regulations of VYF
I affirm that the above information I have given on this form is true and correct."

Signature of Applicant

_____/_____/_____
Date

For Association Use Only

Application Review Date: ____/____/____ Approved Denied

Reasons Denied: _____

Signature of Association President: _____
