

SAN DIEGO YOUTH FOOTBALL AND CHEER CONFERENCE

2012 VOLUNTEER COACHES APPLICATION

FOOTBALL CHEER HEAD COACH ASSISTANT COACH

Association: Division: FLAG MM JPW PW JM M

Name:

Address: City: State/Zip

Home Phone: Business Phone: Cell:

Date of Birth: Email:

Occupation: Employer:

I have Medical Insurance. Company and Policy #

I do not have Medical Insurance. I request coverage by SDYFCC. If provided I understand there could be a \$250.00 deductible.

Do you have children in the program? Yes No If yes, at what level?

Previous volunteer experience:

Where: Position: Year:

Where: Position: Year:

Have you ever been dismissed or quit any coaching assignment? If yes what Association?

Have you ever been refused participation in any other youth programs? Yes No

If yes please explain:

Do you have a valid CPR and Red Cross First Aid Card? Yes No What is the expiration date?

All Head Coaches and one Assistant Coach must have current (in season) First Aid/CPR.

Yes No Have you ever been convicted or plead guilty to a crime that requires you to register with any law enforcement agency?

Yes No Have you ever been convicted or plead guilty to an offense involving a firearm or other weapon?

Yes No Is the applicant now, or has the applicant ever been a patient in a mental health facility?

Yes No Has the applicant ever been a party to a mental competency proceeding?

Yes No Has the applicant ever been the subject of a restraining order, restraining the applicant's personal conduct, issued by any state or federal district court?

A YES ANSWER TO ANY OF THE ABOVE WILL RESULT IN AN AUTOMATIC DISQUALIFICATION

Yes No Have you ever been convicted of or plead guilty to any crime(s) If yes describe in full

Yes No Do you understand that completion of this application does not guarantee you a position in SDYFCC and that the Association and/or Conference have the right to reject any application with or without cause?

Yes No Have you completed the required clinic hours as set forth in the Conference By Laws?

What SDYFCC sanctioned clinic(s) did you attend, please list clinic(s) and Date

Association President Sign and Date Only If Approved by your Association

- *Check List (For Conference Use Only) Application Complete and Legible Copy of Drivers license attached Clinic hours confirmed Badge photo taken

Reviewed and Confirmed by Executive Director Sign and Date

Please Affix a Copy of your Current Drivers License with clear photo in this area:

Coaches Code of Conduct

All Coaches, Flag, Football, and Cheer will abide by a Code of Conduct, which includes the following provisions. If any of these rules are broken, the Association/Conference shall have the authority to impose a penalty.

I will not smoke and/or use smokeless tobacco on the field.

I will not criticize any players/cheer participant in front of spectators, but reserve constructive criticism for late, in private, or in the presence of team/squad members if others might benefit.

I will accept decisions of the game officials and judges on the field and in competitions as being fair and called to the best of that official/judges ability.

I will not criticize an opposing team, its players, cheer participants, Coaches or fans by word of mouth or by gesture.

I will emphasize that good athletes strive to be good students and that both are physically fit and mentally alert.

I will strive to make every football/cheer activity serve as a training ground for life and a basis for good mental and physical health.

I will emphasize that winning is the result of good "TEAMWORK".

I will not engage in excessive sideline coaching and shall not leave the bench area to shout instructions from the sidelines.

I, together with team officials, be jointly responsible for the conduct and control of team fans and spectators. Any fan that becomes a nuisance and out of control will be asked to leave.

I will not use abusive or profane language at any time.

I will not "pile it on", nor encourage my team to get a commanding lead and raise the score as high as it can. (I understand that total points scored have nothing to do with team placement for play-offs in SDYFCC) In these instances, I will make every effort to let all players play.

I will not receive any payment, in cash or kind, for services in SDYFCC. This includes any coach, expert, consultant, or choreographer, regardless of his/her roster status.

I will not recommend or distribute any medication, controlled or over the counter, except as specifically prescribed by a participants physician and approved by the parent.

I will not permit an ineligible player or cheerleader to participate in a game.

I will not incite unsportsman like conduct.

I will abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substances on both the game and practice fields, from the first game/practice of the day to the last game/practice of the evening at any field in SDYFCC. My Association and/or SDYFCC will determine penalty if I am found guilty.

I will remove from a game or practice any participant when even slightly in doubt about his/her health, whether or not as a result of injury, until competent medical advice is available.

I will control my fans, I know that as a team coach, I am responsible for my team, and fan reaction will usually be in step with my actions and attitude.

I will uphold all rules, regulations and policies of my Association and San Diego Youth Football and Cheer Conference.

I understand that SDYFCC has a ZERO TOLERANCE policy concerning alcohol and drug use, fighting or inciting to riot.

I have read and understand the above Coaches Code of Conduct and will comply with all Rules and Regulations of SDYFCC and/or any National Affiliate.

Applicants Signature

As a condition of volunteering, I give my permission for the SDYFCC organization to conduct a background check on me, which will include a review of sex offender registries, child abuse and criminal history records.

I understand this includes but is not limited to criminal background records/information: criminal background checks/fingerprints, and possible driving record checks.

I authorize this information to be obtained either in writing, via the Internet, or via telephone, or in person in connection with my volunteer application.

I understand that if appointed my position is conditional upon the Association/Conference receiving no inappropriate information on my background.

I understand that regardless of previous appointments, the Association/SDYFCC is not obligated to appoint me to a volunteer position.

I hereby release and hold harmless from liability the Association and SDYFCC, AYF, the Officers, employees and volunteers thereof, or any other person or organization that may provide information on my background.

I understand that I have no right, claim or cause of action of any nature or any relief, including any claim seeking monetary damages from SDYFCC or the Association, its officers, volunteers or agents if my application is denied.

I understand that if appointed, my appointment is at will and I can be terminated prior to the expiration of my term, and that I am subject to suspension by the Association or SDYFCC for any violation of the Association/SDYFCC policies or principles.

Applicant Signature

Name: Please Print or type

Date _____

Note: The SDYFCC and Affiliated Associations will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Must be Completed by Association or Conference Director
Background check on this applicant was completed by:

On _____
Date

Sex Offender Registry has been checked

Criminal History Records have been checked

System(s) used: Online Multi-State database _____

State/Local Criminal History Records _____

State Sex Offender Registry _____

Other (Please specify) _____

Note: You must retain copies of background check results at the Association/Conference level for the duration of the volunteer's service to the Association/Conference.