COACHING APPLICATION

SHERWOOD YOUTH FOOTBALL ASSOCIATION
2010 COACHING APPLICATION

MAIL
P.O. BOX 92 SHERWOOD, OR 97140

EMAIL
3_4coachofcoaches@sherwoodyouthfootball.com

www.sherwoodyouthfootball.com

DEADLINE TO SUBMIT: April 15, 2010

NAME: _____

ADDRESS:_____ CITY:_____ ZIP:_____

PHONE: (home)_____ (work)_____

EMAIL Address _____

BIRTH DATE ___/___/___/ SOCIAL SECURITY NUMBER:_____-_____-_____

OREGON DRIVERS LICENSE NUMBER:_____

1. **Position applying for: HEAD COACH____ASSISTANT COACH_____**
2. **What team would you like to coach 3rd/4th 5th/6th JV-7th Varsity-8th**
3. **Do you have any previous coaching experience? Yes No**
   If yes, Please list.

4. **Have you ever coached in any other youth sports programs? Yes No**
   If Yes, what program and when?
   Name and phone number of a reference from that program.
   _____

5. **If you are applying to be a Head Coach, do you know the names & phone numbers of the person(s) you wish to be considered for Assistant Coach(es)? If yes, please submit the name(s) so we can send out application(s).**
   _____ _____
   _____ _____

6. **If you have not lived in the city of Sherwood for at least 10 years, please list former cities of residence.**
   CITY/STATE DATES OF RESIDENCE
   _____ _____
   _____ _____

AUTHORITY TO CONDUCT IDENTIFICATION CHECK: As a volunteer applicant to the SYFA, I hereby authorize SYFA to submit my name for a comprehensive multi-state criminal records check. The Board reserves the right to remove any coach based on the results of this search. I understand that said background investigation is being conducted solely for the purpose of protecting the children in the program, and that all information will remain confidential in accordance with the law. I understand that misrepresentation or omission of facts is cause for non-appointment as a volunteer. If I am appointed as a volunteer coach or assistant coach, I agree to abide by the philosophies of the Sherwood Youth Football program and fulfill my volunteer responsibilities to the best of my ability. I may be dismissed at any time during the season for failure to comply with any part of this agreement.

_____ _____
(SIGNATURE OF APPLICANT) **(DATE)**