



CYTF Coach's/Volunteer Application - 2016

Please complete if you only plan on coaching or volunteering

Coach: Volunteer: (Please check one)

Name: _____ Birth date: _____/_____/_____
Last Middle First Date Month Year

Current Address: _____ State: _____
_____ Zip: _____

Phone: _____ E-Mail: _____

Do you have any experience coaching football? Yes No (please explain)

_____.

Child Playing (List child's name and Grade – Fall 2016): _____.

Cape Youth Tackle Football (CYTF)

Volunteer/Coach Background Check Consent Form (complete regardless of coaching or volunteering)

1) Have you even been convicted of a felony? Yes No

If yes, please explain:

2) Have you ever had your driving privileges (license) revoked or suspended in any state?

Yes No If yes, please explain:

3) Are your driving privileges currently revoked or suspended? Yes No

If yes, please explain:

CYTF Volunteer/Coach Consent Form – Criminal History

I hereby give Cape Youth Tackle Football (CYTF) full and complete authority to complete a criminal history background check (including date of birth), regardless of where I have lived or currently reside. I do understand this will be conducted through the Missouri State Police or a third-party agency. Failure to consent to a background

check will leave me out of consideration for this position with the department. Previous convictions do not always mean that employment will not be considered.

Coach/Volunteer Signature: _____

Coach/Volunteer Printed Name: _____

Social Security Number (Required): ____ - ____ - ____