



## Sharon Springs Youth Football Association

### COACHING APPLICATION FORM

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*USA Football Certification # \_\_\_\_\_ Drivers License # \_\_\_\_\_

**\*SSYFA requires all coaches to hold USA Football Certifications as well as any additional certifications as required by Forsyth County Youth Football Association.**

Have you ever been convicted of a felony?  No  Yes

Are you a returning coach from last season?  No  Yes

Please check which position you are applying for:  Head Coach  Assistant Coach

Please check which squad you are applying for:

6<sup>th</sup> Grade  5<sup>th</sup> Grade  4<sup>th</sup> Grade  3<sup>rd</sup> Grade  2<sup>nd</sup> Grade

K/1<sup>st</sup> Grade  Flag

Do you have children that are participating?  No  Yes

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your past coaching experience (level, number of years, etc.)

\_\_\_\_\_

\_\_\_\_\_

What is your general coaching philosophy for coaching a recreational youth football team?

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Describe your coaching objectives for the season.

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Please provide two references

Name \_\_\_\_\_ Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Telephone \_\_\_\_\_

I hereby give Sharon Springs Youth Football, Inc. my permission to perform a background check. Sharon Springs Youth Football, Inc. also has the right to review information from any Source(s) reporting criminal and/or child related offenses and I understand that coaching positions are contingent upon the results of the background check(s). I understand Sharon Springs Youth Football, Inc. requires I hold certifications from USA Football. I understand that I must attend any mandatory coach's clinics/meetings as required by Sharon Springs Youth Football, Inc. in cooperation with Forsyth County Youth Football Association, Georgia Football Association, and USA Football. Failure to provide certifying documentation or absence from mandatory clinics/meetings can affect my eligibility to coach this season. If selected as a coach, I hereby grant Sharon Springs Youth Football, Inc. permission to display my photograph and name on any and all Sharon Springs Youth Football, Inc. publications. I understand that I am functioning as a volunteer for Sharon Springs Youth Football, Inc. and will not receive compensation, monetarily or otherwise. I also understand that I am subject to all Sharon Springs Youth Football, Inc. bylaws and standard operating procedures including meeting the minimum volunteer requirements to be a coach. The receipt of this application does in no manner imply a contractual obligation by Sharon Springs Youth Football, Inc. Being selected as a volunteer coach for Sharon Springs Youth Football, Inc. does not affect an individuals' standing within Sharon Springs Youth Football, Inc.

I will do my best to contribute to creating an environment of discipline, self-respect and success to aid in the academic, athletic and social success of the student-athletes who participate in the program. I will use the educational power of youth football to help the children of Forsyth County and its' surrounding towns to reach their highest potential.

I agree that if I am selected to coach a team:

- I will attend all coaches meetings or send a representative.
- I will read, understand and abide by all league rules and the Raleigh Parks, Recreation and Cultural Resources Department's Youth Athletic Philosophy, Code of Conduct and Volunteer Services Program Policy.
- I will be responsible for the return of all equipment and coaches badges.
- I will be responsible for my team's and coach's conduct on the field/court.
- I will be responsible for my teams' parents conduct during a game.
- I will set a good example for the players and parents on my team.

I swear under penalty of perjury that all information provided on this application is accurate to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

Complete and return to:

Sharon Springs Youth Football, Inc.