



TONAWANDA FOOTBALL CLINIC
 296 EAST NIAGARA STREET
 TONAWANDA , NY 14150

HEAD & ASSISTANT COACHING APPLICATION

APPLICANT INFORMATION

Full Name _____ DATE: _____
LAST FIRST M.I.

Address _____
Street address, City, State, Zip Apartment / Unit #

Phone # _____ Email _____

Over age 18? Yes No Position applied for Head Coach Assistant Coach

Will you have a child playing with TFC this season? Yes No Yes No Childs Age _____

If so, are you willing to coach a different team than them? Yes No

What is your Desired Team level to coach?
 Mohawks (5-7)
 Renegades (8-9)
 Braves (10-11)
 Warriors (12-14)

Are you a current member at Tonawanda Football Clinic? Yes No

Have you ever been convicted of a felony? Yes No

What is your work schedule?

Week day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

Coaching Experience

Organization _____ When _____
 Position _____ Team _____
 Reference _____ Phone # _____

Organization _____ When _____
 Position _____ Team _____
 Reference _____ Phone # _____

Signature _____ Date _____

All applicants must submit to background check per NEYSA rules, and Complete USA Football coaching Certification if hired