Washingtonville Youth Flag
Football Coaching Application – 2010

A COPY OF A VALID DRIVERS LICENSE MUST BE ATTACHED

Name _____ Date _____ e-mail _____
Address _____City_____State____Zip_____
Home Phone _____Business Phone _____Cell Phone _____
Date of Birth _____ Occupation _____
Drivers License # _____State _____Expiration Date _____
Employer _____ Employer Address _____
City _____ State _____ Zip _____

Position Desired: **(Circle One)** **Head Coach** **Assistant Coach**

Division(Age): (Circle One) **(6-8)** **(9-11)** **(12-14)**

Do you have children in the program? Yes____ No ____
Convicted of a felony? Yes_____ No _____ If Yes, Date _____ Location _____
Convicted of any crime either against, in concert with, or involving a child? Yes __ No __If yes explain_____
___

Is there any fact or circumstance involving your background that would call into question your being trusted with the supervision, guidance and care of minor children? Yes ____ No ___ If Yes, explain: _____
_____

Football Coaching Experience (Include any certificates, i.e. CPR):

Other Coaching Experience:

Please list three character/coaching references:
1)
2)
3)