

HEALDSBURG BULLDOGS COACH'S APPLICATION

APPLICANT INFORMATION

Attach a valid government issued photo identification

Full legal name:

Date of birth:

SSN:

CDL:

Current address:

City:

State:

ZIP Code:

Phone:

Cell Phone:

E-mail:

HISTORY INFORMATION

Types of sports coached:

Organizations coached for:

How long?

Have you ever been refused to participate in other youth programs?

Yes No
(Please circle)

Reason:

Have you ever been convicted of a crime other than a driving infraction?

Yes No
(Please circle)

Types of Conviction(s):

Coaching positions held:

Team requested:

Reason:

CPR Certified: Yes No
(Please circle)

Head Coach Assistant Coach
(Please circle)

Shirt Size _____

EMERGENCY CONTACT

Name of a relative/friend:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

COACHING PHILOSOPHY

Why do you want to coach youth football or cheerleading?

What goals would you like to see the team achieve this year?

REFERENCES

Name

Address

Phone

ACKNOWLEDGEMENTS

Please initial when completed (must be completed by July 1)

____ I have read the NBYFC rule book and agree to the rules therein.

____ I have received the HBYFC coach's packet and agree to the rules therein.

____ I have signed the NBYFC coach's agreement and agree to the terms therein.

____ I declare under penalty of perjury the above information is true and correct.

HBYFC USE ONLY

____ **Picture**

____ **Background check**

____ **Team**

____ **Position**

Signature of applicant:

Date: