

**HORNELL YOUTH FOOTBALL LEAGUE
2011 FOOTBALL / CHEERLEADING COACH APPLICATION**

COACHING POSITION REQUEST

NAME: _____ Home Ph# _____ Alt Ph# _____

STREET ADDRESS: _____ CITY _____ ZIP _____

WHAT SPORT ARE YOU INTERESTED IN? FOOTBALL ___ CHEERLEADING ___

WHAT POSITION ARE YOU INTERESTED IN? HEAD COACH ___ ASST COACH ___

COACHING / TRAINING BACKGROUND

DO YOU HAVE A CURRENT: FIRST AID CARD- YES / NO, CPR CARD – YES / NO

ARE YOU A CURRENT MEMBER OF THE NATIONAL YOUTH SPORT COACHES ASSOCIATION (NYSCA) - YES / NO, IF YES – MEMBER ID # _____

PLEASE RATE YOUR KNOWLEDGE OF THE FOLLOWING TOPICS WITH REGARD TO THE SPORT YOU ARE INTERESTED IN, BY CIRCLING THE APPROPRIATE NUMBER.

1 = Know very little about **2** = Have reasonably good knowledge about **3** = Know a great deal about

Rules of the sport - 1 2 3	Basic technique - 1 2 3	Advanced technique - 1 2 3
Developing sportsmanship - 1 2 3	Organizing a practice - 1 2 3	Organizing a game - 1 2 3
Strategy of the sport - 1 2 3	Conditioning techniques - 1 2 3	Equipment knowledge - 1 2 3
Injury prevention - 1 2 3	Athletic nutrition - 1 2 3	Motivating youngsters - 1 2 3
General teaching skills - 1 2 3	Communication skills - 1 2 3	Working with parents - 1 2 3

HAVE YOU EVER COACHED YOUTH SPORTS BEFORE? YES / NO

IF YES, PLEASE LIST YOUR PRIOR COACHING EXPERIENCES; INCLUDE SPORT, NAME OF ORGANIZATION, TEAM NAME, COACHING POSITION HELD, DATES OF "SERVICE", and AGE GROUP OF THE PARTICIPANTS THAT YOU COACHED:

1. Sport: _____ Organization Name: _____ Team Name: _____
Coaching Position Held: _____ Dates of Service: _____ Age of Participants: _____
2. Sport: _____ Organization Name: _____ Team Name: _____
Coaching Position Held: _____ Dates of Service: _____ Age of Participants: _____
3. Sport: _____ Organization Name: _____ Team Name: _____
Coaching Position Held: _____ Dates of Service: _____ Age of Participants: _____

WHY DO YOU WANT TO COACH?

HAVE YOU EVER PLAYED FOOTBALL / CHEERED? YES / NO WHERE? _____

INFORMATION

WOULD YOU BE WILLING TO ATTEND A COACHING CLINIC? YES / NO

DO (WILL) ANY OF YOUR CHILDREN PARTICIPATE IN THE HYFL? _____ TEAM(S)? _____

CHILDREN'S NAMES/AGES _____

OCCUPATION _____ WORK PHONE # _____

WORK ADDRESS _____

WHAT IS YOUR WORK SCHEDULE? _____

DO YOU USE ANY TOBACCO PRODUCTS? YES / NO IF YES, CAN YOU ABSTAIN FROM USING THESE PRODUCTS FOR A THREE HOUR DURATION? YES / NO

REFERENCES

PLEASE LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF TWO PERSONS WHO KNOW YOU SUFFICIENTLY WELL TO COMMENT ON YOUR PAST COACHING OR YOUR POTENTIAL AS A COACH.

NAME

DAY TELEPHONE

BACKGROUND VERIFICATION

The Hornell Youth Football League will be conducting a criminal background check on all coaches and board members within the League. Checks are initiated prior to your appointment, and may be conducted at any time during your appointment. We are not anticipating any problems, but we are committed to maintaining a quality and safe environment for all participants. Please supply ALL requested information. All applications and results will remain confidential.

FULL NAME: _____

OTHER NAMES USED (nicknames, maiden name, etc.): _____

BIRTH DATE: ____ / ____ / ____ DRIVERS LICENSE # _____ STATE _____

HAVE YOU EVER BEEN ARRESTED? YES / NO IF YES, PLEASE EXPLAIN _____

SIGNATURE

_____, 2011
DATE