



South Tahoe Pop Warner 2008 Football Coaches Application

Position applying for: Head Coach ___ Asst Coach ___ Cheer Coach ___ Asst Cheer Coach ___
Other ___ Trainer ___

Division: _____

Name: _____

Address: _____

City/Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Birthdate: _____

First Aid Certified? ___ Expiration? _____

CPR Certified? ___ Expiration? _____

Have you coached for South Tahoe Pop Warner in the past? _____

If so, when? _____

Do you have children in the South Tahoe Pop Warner program? _____

If so, what age(s) and what division(s)? _____

Please list position(s) and division(s):

Have you ever served on the board of directors for youth sports? _____

If so, what sport: _____ When? _____

Please list three personal references not related to you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a crime? _____ If so, what? _____

Was it a felony? _____

Explain your reason for applying:

Please explain your coaching philosophy:

I have read the Bylaws and Standard Operating Procedures for South Tahoe Pop Warner and agree to abide by all national, regional, league and association rules. I will fulfill my duties as outlined and provide any assistance to the board that is needed. I understand that if selected as a coach I will be required to submit to a background check. I also understand that if selected, I agree to coach by the coaching philosophies of the South Tahoe Pop Warner Board of Directors. All statements made on this application are true to the best of my knowledge.

Signature: _____ Date: _____

Note: This application will be confidential and used by the board of directors only.

BOARD USE ONLY		
Application Accepted: _____	Denied: _____	Date: _____
Comments: _____		

