



## South Tahoe Pop Warner 2009 Cheer Coaches Application

Position applying for: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Other \_\_\_\_\_

Division and Team you wish to coach this season: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ First Aid & CPR Certified? \_\_\_\_\_

Have you coached for STPW in the past? \_\_\_\_\_

If so, which seasons? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Please list three personal references not related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please state your reason for applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read the Bylaws and Standard Operating Procedures for South Tahoe Pop Warner and agree to abide by all National, Regional, and League rules and SOPs. I will fulfill my duties as outlined and provide any assistance to the association as is needed and agree to uphold the decisions of the STPW Board of Directors. I understand that if selected as a coach I will be required to submit to a background check. 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 Executive Board of Directors only.*

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