



South Tahoe Pop Warner 2009 Football Coaches Application

Position applying for: Head Coach _____ Assistant Coach _____ Trainer _____

Other _____

Division and Team you wish to coach this season: _____

Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

Email: _____ Cell Phone: _____

Birth Date: _____

First Aid Certified? _____ Expiration? _____

CPR Certified? _____ Expiration? _____

Have you coached for STPW in the past? _____

If so, which seasons? _____

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

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

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

Please list three personal references not related to you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please state your reason for applying:

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

Was it a felony? _____

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, and League rules and SOPs. I will fulfill my duties as outlined and provide any assistance to the association that is needed. 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: _____
Comments: _____

