Saint Louis Youth Football

Volunteer Coach Application

Year _____

Full Legal Name:

First _____Middle _____Last _____

Address _____City _____Zip _____

Home Phone _____ Birth Date _____

Cell Phone _____Email Address _____

I would like to be considered for a volunteer coach for the following:
   (Please complete separate applications if wishing to be considered for more than one grade)

   3rd & 4th Grades   _____ Head Coach   _____ Assistant Coach

   5th Grade   _____ Head Coach   _____ Assistant Coach

   6th Grade   _____ Head Coach   _____ Assistant Coach

   7th Grade   _____ Head Coach   _____ Assistant Coach

   8th Grade   _____ Head Coach   _____ Assistant Coach

List the names and grades of any children you have in the program: _____

Saint Louis Youth Football Coaching Experience:

Years as Head Coach _____ List Seasons _____

Years as Assistant _____ List Seasons _____

Other Coaching Experience:

Organization _____ Position _____ Years _____

Organization _____ Position _____ Years _____

<u>Employer:</u>

Company Name _____ Telephone _____

Normal Working Hours _____ Position _____

<u>References:</u>

Name _____ City _____Telephone_____

Name _____ City _____Telephone _____

Name _____ City _____Telephone _____

I understand that the Saint Louis Youth Football Organization is interested in providing a safe, wholesome experience for all youngsters participating in the football program. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if approved, falsified statements will be grounds for dismissal.

I understand by signing this application that, if chosen, SLYFO and Saint Louis Community Education will conduct background checks including but not limited to a criminal background check, which may include but is not limited to criminal records and motor vehicle driver records, prior to accepting me for a volunteer coaching position. I understand this check may include but is not limited to investigation of all statements contained herein, all information concerning previous coaching assignments and any pertinent information they may have, personal and otherwise. I hereby release and indemnify all parties from all liability for any damage that may result from furnishing any information to the SLYFO or its agents. I will execute any and all additional releases as necessary.

The volunteer position of Head Coach or Assistant Coach, is an appointed position upon the approval of the Board of Directors of the Saint Louis Youth Football Organization, and any person approved and designated as such will hold that position and may be terminated at any time without prior notice for whatever reason(s) the SLYFO deems necessary.

Signature of Volunteer Applicant: _____ Date: _____

_____FOR OFFICIAL USE ONLY_____

Denied____

Reason_____

Approved_____

Position_____   Grade_____