

# Barlow Youth Football Association

## Coaching Application

The information obtained in this application is for the internal use of the Barlow Youth Football Association (BYFA) only.

### PERSONAL DATA:

Application Date \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Circle All that Apply:** Head Coach or Assistant Coach

Level that you would like to coach: 3/4<sup>th</sup> Grade or 5/6<sup>th</sup> Grade

List other coaches you have worked with in the past: \_\_\_\_\_

Is there anyone you would like to work with this season? \_\_\_\_\_

Children Currently Participating in this Program:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Division \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Division \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Division \_\_\_\_\_

### FOOTBALL EXPERIENCE:

Please list your experience playing and/or coaching football (if needed attach more info): \_\_\_\_\_

\_\_\_\_\_

Other Coaching Experience (any sport): \_\_\_\_\_

\_\_\_\_\_

Please describe your Coaching Philosophy, i.e. how you teach and communicate with children, officials, other coaches & parents: \_\_\_\_\_

\_\_\_\_\_

Please describe your on field philosophy, (play calling, winning vs playing time, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES:

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

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

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

# BYFA Coaching Application Continued

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## ADDITIONAL INFORMATION:

- Do you use illegal drugs? Yes or No (if yes, explain below)
- Have you ever been convicted of a crime? Yes or No (if yes, explain below)
- Have you ever been convicted of child neglect or abuse? Yes or No (if yes, explain below)
- Have you ever had your driver's license suspended or revoked? Yes or No (if yes, explain below)
- Is there any fact or circumstance involving you and/or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes or No (if yes, explain below)

Oregon Drivers license number \_\_\_\_\_ (this is for background check)

Please use this area to explain any of your answers to the questions listed above:

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## I UNDERSTAND THAT:

The information that I have provided may be verified by contacting persons or organizations named in this Application. The BYFA may also contract any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Barlow Youth Football Association, its officers and volunteers.

In signing this application, I affirm that the information I have given is true and correct. If allowed to coach, I agree to follow all BFYA bylaws, as well as the rules and regulations governing football in our league.

I hereby authorize the Barlow Youth Football Association to seek a criminal background check at any time after this application has been signed.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## To be on the field as a coach you must have:

1. This application on file with BYFL
2. A TVYFL application on file with BYFL and TVYFL
3. Head coaches may have to have a valid 1<sup>st</sup> Aid card. (please attach a copy of first aid card)
4. Pass a background check.

Please keep in mind that filling out these applications makes you eligible to coach but the head coach and Barlow Youth Football League Board have the final say over who will be involved with coaching.

## APPROVAL OF BYFA OFFICIALS

We are unaware of any information contrary to the information stated in this application. This applicant meets the standards of this organization.

Signature of BYFA Board Member: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_