## SWR COUGARS YOUTH FOOTBALL AND CHEER LEAGUE

## **Coaches Application**

The SWR Cougars Youth Football and Cheer League (SWRYF) will not discriminate against any person(s) seeking the opportunity to volunteer and participate in any capacity on the basis of race, creed, color, natural origin, marital status, sex, sexual orientation or disability.

## Please Read All Terms and Conditions Carefully.

**Purpose:** This form allows the SWRYF Board of Directors to follow a regimented process for the review and selection of volunteers to fill coaching positions for the upcoming SWRYF season. Prior to any individual being selected for a position as a Head or Assistant Coach they must submit a completed application, agree to a background check and be interviewed by both the President and Vice President. The information collected will only be used as the basis for review and ultimate recommendation to the SWRYF Board of Directors for final approval of appointment of the applicant to participate in a coaching position. We do not anticipate challenges, however we are committed to maintaining a quality and safe environment for all participants. All results will remain confidential.

**Instructions:** This application must be returned no later than June 1<sup>st</sup>. Applications received after this date will not be guaranteed consideration for a coaching position for the upcoming season. The SWRYF Board of Directors will consider an appoint candidates until all positions are filled. If any of the items below need further explanation or entry space, please attach a separate sheet of paper. Your application will not be considered if it is not complete and accurate.

NOTE TO COACHES: ALL TEAMS WILL BE REQUIRED TO USE THE SWRYF OFFENSIVE PLAYBOOK IN THE FALL OF 2021.

**PERSONAL INFORMATION:** Please type or print legibly. First Name: Last Name: Alias: Email Address: Home Phone: Cell Phone: Work Phone: Occupation: Employer: Shirt Size: **CRIMINAL HISTORY:** Have you ever been convicted of any criminal offense in any state? (other than traffic offenses) Are you subject to any civil restraining order or any type of civil action relating to child or domestic ☐ YES ☐ NO abuse? If you answered YES to either question please provide dates, charges and an explanation.

## I UNDERSTAND THAT:

- A. The information that I have provided may be verified if necessary by obtaining a record check and/or contacting persons or organization that may have information concerning me. I hereby release and agree to hold armless any person or organization that provides information. I also agree to hold harmless the SWRYF league and volunteers thereof.
- B. In signing this application, I affirm that the information I have given is true and correct.

COACHING INFORMATION:	: Divisio BU	on(s	in w (		i you 10U	desir		eason? 2U		14U		Г	7	Cheer		
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* If not picked for the Head	Coach	ing p	ositi	on a	re you	u inte	rested in being	an Assistant Co	oach?		ΥE	<b>S</b> [		NO		
Do you have any children p	articipa	ting	in th	ie lea	ague?		☐ YES	□ NO								
If yes, which age group(s)?_																
Have you ever played for, c	oaches	or b	een i	invo	lved v	vith a	football league	in the past?						YES		NO
If yes, when and where?																
What experience do you ha	ve worl	king	with	othe	er you	ith or	ganizations?									
Are you currently CPR/First	If	yes, when?														
& Heads Up Football Certifican you attend all Practices  Please rate your knowledg	s, Game	es, E	quipr	nent	: Hand	d-Out	s/Hand-Ins and				annr	opri		YES		NO
-				_	-		_	_		_		-				OUT
1 = KNOW VERY LITTLE Rules of the sport:	_	□ 1 □ 2 □ 3			Y GOOD KNOWLEDGE ABOUT  Developing sportsmanship:			3 = KNOW A GREAT DEAL ABOUT  □ 1 □ 2 □ 3								
Strategy of the Sport:				2		3	•	oning Techniqu	•		1			2 🗆		
General Teaching Skills		1		2		3		ing Youth			1		:	2 🗆	3	
Equipment Knowledge		1		2		3		revention			1		:	2 🗆	3	
Basic Technique		1		2		3	Advanc	ed Technique			1		:	2 🗆	3	
Organizing Practice		1		2		3	Organiz	ing a Game			1		:	2 🗆	3	
Communication Skills		1		2		3	Workin	g with Parents			1		:	2 🗆	3	
CHARACTER REFERENCE: L	ist thre	e pe	erson	al re	feren	ces (ı	o relatives) for	character verif	ication	١.						
Name:								Phone: _								
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**The SWRYF is an organize their services. The SWRYF p or representatives for the S example, for the benefit of	oromote WRYF a	es he ire e	ealth,	fitn	ess, te	eamv	ork, and acade	mic recognitior	n for al	l of its y	oun	g ath	ilete	s. **/	All co	aches
Signature of Applicant:			Date:													

Return completed application to:

SWR Cougars Youth Football & Cheer Attn: Coaches Committee P.O. Box 325, Seagrove, NC 27341