



# South Elgin Youth Football League Coaching Application



Football

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_

NYSCA certification  Number \_\_\_\_\_  
 ASEPC certification  Number \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous coaching experience (including baseball/softball, etc. and year): \_\_\_\_\_

Do you have children in the program? Yes  No

If yes, at what level? \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s): Yes  No

If yes, describe each in full: \_\_\_\_\_

Have you ever been refused participation or suspended from any other youth programs?

If yes, explain: \_\_\_\_\_

In which of the following would you like to coach? (Check one in each column.)

First Choice	Second Choice
<input type="checkbox"/> Head Coach	<input type="checkbox"/> Head Coach
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Assistant Coach
Level: _____	Level: _____

Did you coach on a Patriots team in the past? If so, when and what level?  
 \_\_\_\_\_

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for the the organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local organization, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the organization is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Executive Board for violation of policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

\*A copy of valid government issued photo identification may be required to complete this application

### Local League Use Only:

Background check complete by league officer \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry  Criminal History Records   
 Other

*\*Only attach to this application copies of background check reports that reveal convictions of this applicant.*