



# Bedford Youth Football Association

P.O. BOX 10521

BEDFORD, NH 03110

PRESIDENT@BEDFORDJAGUARS.ORG

WWW.BEDFORDJAGUARS.ORG

## Coaching Application

The information obtained in this application is for the internal use of the Bedford Youth Football Association only.

All coaching applicants must complete this form as well as the State of NH Criminal Background check, the American Youth Football (AYF) Volunteer Application, and NHYFSC On Line Coaching Clinic. Interviews with BYFA Coordinators may also be required. Head Coaches are required to complete First Aid & Sports Safety Certifications.

**Please Circle All that Apply:** Football or Spirit **Plus** \_\_\_ Head Coach or Assistant Coach

Level that you would like to coach: Mitey Mite Jr. Pee Wee Pee Wee Jr. Varsity Varsity

### PERSONAL DATA:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Children Currently Participating in this Program:

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

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

### FOOTBALL/CHEERLEADING EXPERIENCE:

Please list your experience playing or coaching football or cheerleading: \_\_\_\_\_

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

Please describe your Coaching Philosophy, i.e. how you teach and communicate with children: \_\_\_\_\_

Football Coaches, please describe your on field philosophy, as far as play calling, formations you plan to use, and Winning Vs Playing Time: \_\_\_\_\_

# Coaching Application Continued

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## REFERENCES:

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

## 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)  
Has your drivers license ever been suspended or revoked? Yes or No (if yes, explain below)  
Is there any fact or circumstance involving you and 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)

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

## I UNDERSTAND THAT:

The information that I have provided may be verified by contacting persons or organizations named in this application, or by contacting 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 association, its officers and volunteers.

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

In signing this application, I affirm that the information I have given is true and correct.

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

I hereby authorize the Bedford Youth Football Association to seek a criminals records check from the New Hampshire State Police Criminal Records Unit at any time after this application has been signed and notarized. I understand that in order to conduct such a check notarized permission is necessary.

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

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