

## **Foley Coaches Application**

Football: \_\_\_\_\_

Cheering: \_\_\_\_\_

\_\_ Head Coach

\_\_ Asst. Coach

\_\_ 4<sup>th</sup> Grade

\_\_ 5<sup>th</sup> Grade

\_\_ 6<sup>th</sup> Grade

\_\_ 7<sup>th</sup> Grade

\_\_ 8<sup>th</sup> Grade

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Upon acceptance as a William Foley volunteer coach, a current coaching certification must be obtained and a background check will be done. You are required to know the organizational policies and procedures of the Foley League and all SBYFL rules.

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1. Do you have any previous coaching experience?      Yes      or      No

    If yes please list.

2. Do you have a specialty position you are best at coaching?    Yes      or      No

    If yes what position? (examples quarter backs, offensive linemen, linebackers etc.)

3. Will you have a child or children participating in our program this year? If yes, what are their names?

And what squads will they be on this year?

4. Are you First Aid Certified? If yes please list Exp. Date:

Are you CPR Certified? If yes please list Exp. Date:

5. Do you have any coaching certification? If yes type and exp date:

6. Are you willing to coach where ever the organization needs you most?    Yes    or    No

I also acknowledge all the information submitted on this application is true, and I hereby give Foley League permission to do a confidential background check which is required by Foley League insurance provider.

\_\_\_\_\_

Date \_\_\_\_\_

Sign