

Chamberlayne Youth Football, Inc.

Coaching Application

Date: _____ Have you coached at CYF prior to this year? Yes ___ No ___

Cheering () Football () Division: (1st choice) _____ Head: _____ Asst: _____
Division: (2nd choice) _____ Head: _____ Asst: _____

I understand that no positions are guaranteed and must be approved by the CYF President, Vice President, and Director of Cheering, Athletic Director and Board Members. I will also abide by all Chamberlayne Youth Football, Inc. Coaches Conduct rules and follow the MYFL Code of Conduct. I understand that my coaching position is "at will" and I can and will be suspended or discharged from my coaching duties for breaking any of the Conduct rules or MYFL guidelines.

Name: _____

Date of Birth: _____ SSN: _____ Phone: _____

Current Address: _____

City, State, Zip: _____

Employer Information

Current Employer: _____

Employer Address: _____ How Long? _____

Phone: _____ E-mail: _____ Fax: _____

References: List two people who are not relatives or former employers

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Other Information

Have you ever been convicted of a crime involving children? No () Yes () If yes, please explain

Have you ever been convicted of a felony? No () Yes () If yes, please explain

I authorize Chamberlayne Youth Football, Inc. to verify the information provided on this form as to my character.

Signature of Applicant _____ Date _____

For CYF, Inc. use only

Employment Verified: _____ References Checked _____

Approved: Head Coach Assistant Coach Division: _____