COLLF Volunteer Coaches Application

A COPY OF VALID ID MUST BE ATTACHED TO COMPLETE THIS APPLICATION

What Grade Are You Applying For & What Position (Head Coach/Asst Coach) Do You Want?

Name:	Date:
Address:	
Cell Phone:	Home Phone:
Email Address:	
Date of Birth:	Social Security #:
Occupation:	Employer:
Previous Football Playing Experien	nce:
Previous Football Coaching Experience	ence:
Do You Have Children In The Progr	ram? (if yes, list full name & grade level):
Have you ever been convicted of or	plead guilty to any crimes?: Explain
Do you have charges pending again	nst you for any crimes?: Explain
Have you even been refused parties	pation in any other youth programs?: Explain
riave you ever been refused parties	pation in any other youth programs Explain

PLEASE LIST TWO REFERENCES W/ PHONE NUMBERS: (PARENTS, ASSISTANT COACHES, OFFICIALS WILL WORK. OTHER APPLICANTS OR CURRENT COLLF BOARD MEMBERS WILL NOT)

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AS A CONDITION OF VOLUNTEERING, I give permission for the COLLF organization to conduct background check(s) on me now and as long as I continue to be active with the organization, 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 hold harmless from liability, COLLF, Deep Fork Valley Football Association, COLLF board members individually, employees and volunteers of COLLF and the organizations & persons that will be providing the background information.

I also understand that, regardless of previous appointments within COLLF, COLLF is not obligated to appoint me to a volunteer coaching position. IF appointed, I understand that I am subject to suspension or removal by the COLLF Board Members for violations of COLLF policies, Deep Fork Valley Football Association Rules, or any other conduct detrimental to COLLF & DFVFA whether during games, at practices or in my personal life.

Applicant Signature:	Date:
Printed Name of Applicant:	
For Office Use Only:	
Application Received By:	Date of Receipt: