

**Newfane Youth Football and Cheerleading  
Coaching Application 20\_\_**

(Confidential)

**Sport:**  Football  Cheerleading **Position:**  Head Coach  Asst. Coach

**Preferred Level:**  Hurricanes  Thunder  Lightning  Storm

Name \_\_\_\_\_ Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (H) \_\_\_\_\_ E-mail (W) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

*(Use additional sheets if necessary to answer the following questions)*

Coaching Background and Philosophy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Coaching Experiences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason you are applying for the position with Newfane Youth Football and Cheerleading:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coaching References: *(Previous coaches you've been directly associated with)*

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Character References: (No relatives)

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Convicted of a felony (circle) Y N Yes? Date: \_\_\_\_\_ Location \_\_\_\_\_

Convicted of any crime either against, in concert with, or involving a child (circle) Y N

If YES: Date: \_\_\_\_\_ Location \_\_\_\_\_

Other than the above, is there any fact or circumstance involving your background that would call into question your being trusted with the supervision, guidance, and care of a minor child?

(Circle) Y N

If YES, explain: \_\_\_\_\_

Please rate the following: (5 = highest)

Your knowledge of the NYFC rules	1	2	3	4	5
Your knowledge of the NOFA rules	1	2	3	4	5
The importance of winning	1	2	3	4	5
The importance of good sportsmanship	1	2	3	4	5
Minimum play requirements for all participants	1	2	3	4	5
The importance of teaching fundamentals, Technique, and safety	1	2	3	4	5
The importance of acceptable behavior	1	2	3	4	5
Willingness to complete all coaching administrative Duties ON TIME	1	2	3	4	5

Do you currently have any of the following?

Coaching Certification  CPR Certification

If NO, would you be willing to obtain the above prior to the beginning of the season? \_\_\_\_\_

Do you currently have any children in the league? (circle) Y N How Many? \_\_\_\_\_

Have you ever been suspended from a team, organization, or school premises for inappropriate behavior? (circle) Y N If YES, Please describe and the year it took place:

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As a coach with the Newfane Youth Football and Cheerleading (NYFC) organization, I understand and agree to the following:

- If approved by the NYFC Board of Directors, the coaching position is approved for only one season.
- I will abide by and promote the NYFC organizations mission, goals, rules, and procedures, as outlined by the leagues By-Laws.
- I will exhibit good sportsmanship, self-control and act in a professional manner at all NYFC organizations sponsored games, practices, and events.
- As a coach of the NYFC organization, I will support, promote, and participate in the league activities and fund raisers.
- All coaching applicants must submit a new background verification form for each individual season. (to be completed when appointment is made)

**(Coaching applications will not be accepted if not filled out completely and signed)**

If approved as a coach, I understand that I may be required to attend a football coach’s clinic and I must be CPR certified or have, at every practice, an individual who is so certified before I can begin physically working with the team. I further agree that if appointed as coach, I am responsible for knowing, understanding, communicating, and abiding by the “Coaches Code of Conduct” as set forth in the NYFC rules and any applicable NOFA rules.

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

The information that I have provided may be verified, if necessary, by obtaining a background check and/or contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless Newfane Youth Football and Cheerleading Organization, Niagara Orleans Football Association, the NYFC Board of Directors and agents thereof and any person or organization that provides information and/or is involved in the decision making process.

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

This information to be completed by the NYFC Board

Background Check on file	Y	N	Date Completed:
Head or Assistant Coach	H	A	Division:
Board Approval	Y	N	Date:

**Please use the space below to provide any additional information that may be applicable and/or helpful in the selection process: (Optional)**