

TUOLUMNE COUNTY YOUTH FOOTBALL AND CHEER
COACHES APPLICATION

NAME _____ PHONE _____ OR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTHDAY _____ DRIVERS LICENCE _____ STATE _____ SSN _____

OCCUPATION _____ EMPLOYER _____ PHONE _____

SPECIAL PROFESSIONAL TRAINING, SKILLS, HOBBIES _____

COMMUNITY AFFILLATIONS (CLUBS, SERVICE ORGANIZATIONS), ETC. _____

PREVIOUS VOLUNTEER EXPERIENCE IN COACHING _____

DO YOU HAVE CHILDREN IN THE PROGRAM _____ IF YES, WHICH LEVEL AND TEAM _____

SPECIAL CERTIFICATION (CPR, MEDICAL), ETC _____

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, ANY CRIMES _____ IF YES, USE BACK OF FORM TO DESCRIBE

HAVE YOU EVER BEEN REFUSED TO PARTICIPATE IN ANY YOUTH PROGRAMS _____

POSITION YOU ARE APPLYING FOR _____

PLEASE LIST THREE REFERENCES (AT LEASE ONE WH HAS KNOWLEDGE OF YOUR PARTICIPATION IN A YOUTH PROGRAM):

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____