

Weston Trojan Youth Football and Cheer, Inc.

2012 COACH APPLICATION

Please print clearly, sign, date, and mail to: WTYF&C VP Registration, 38 Lyons Plain Rd., Weston, CT 06883. Alternatively, PDF scans are accepted at WTrojanYouthFC@gmail.com.

Name: _____ D.O.B. _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Occupation: _____

Employer: _____ **Applying for:** Head Coach Asst Coach

Employer address: _____

Football experience: _____

Coaching experience: _____

Coaching clinics attended: _____

Previous volunteer work: _____

Community affiliations: _____

Do you have children in the program? Yes No

If YES, list the full name and Fall level/team: _____

Have you ever been refused participation in any other youth programs? Yes No

If YES, please explain: _____

What is your availability to coach during the season? _____

What grade or level would you like to coach? _____

Are you willing to have a criminal background check completed on you? Yes No If NO, please explain: _____

Please provide 3 references:

Name: _____ Email: _____ Phone(s): _____

Name: _____ Email: _____ Phone(s): _____

Name: _____ Email: _____ Phone(s): _____

Signature: _____ Date: _____