

Smithson Valley Youth Football Association Volunteer Coach Application



Smithson Valley Youth Football Association Coach's Mission:

It is the purpose of the Smithson Valley Youth Football Association (SVYFA) to encourage the healthy growth and development of our youth as they learn the fundamentals of football and cheerleading. It shall be the purpose of all SVYFA coaches to foster the highest standards of citizenship in the community by all members of the program. They shall provide a safe and positive environment to encourage the growth and development of each student athlete to the best of their ability. They must always reinforce the positive aspects of athletic participation such as having fun, safety, teamwork, and sportsmanship.

Please Read All Terms and Conditions carefully. SVYFA will not discriminate against any person(s) seeking the opportunity to volunteer and participate in any capacity on the basis of race, creed, color, natural origin, marital status, gender, sexual orientation, or disability.

Purpose:

This form allows the SVYFA Board to follow a regimented process for the review and selection of volunteers to fill Head Coach and Assistant Coach positions within SVYFA for the upcoming season. Having prior coaching or volunteer experience at any level is not a requirement for application with SVYFA. Prior to any individual being appointed as a Coach they must submit a completed application, agree to a background check/investigation and interview with the selection committee.

Privacy Policy:

SVYFA collects information from coaching applicants for the purposes of determining eligibility and suitability and to conduct background investigations necessary to insure the safety of our participants. We will not collect any information that is not reasonably necessary to participate in this program. Except for the information necessary to conduct background investigations, we will not disclose applicant information to any third party.

Instructions:

Please fill out ALL information requested and email completed form to VP of Football Operations. No person shall be considered for any position within the SVYFA coaching staff until a completed application is submitted and approved by the SVYFA Board. Also, by volunteering you agree to follow all rules and regulations as set forth by the league and understand that failure to comply with all rules can result in termination as a volunteer coach. All applications are subject to review and approval by the SVYFA Board.

Inquiries:

Please direct all inquiries about this application to the VP of Football Operations.

SVYFA Volunteer Coach Application Form

(All fields must be complete to be considered for a volunteer position.)

Applicant's Information:

Full Name: _____ DOB: _____ Shirt Size: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

CPR/First Aid Certified? If yes, Card Level/Title: _____ Expires: _____

Please list any children participating in SVYFA (Names and Ages):

Position volunteering for (please check one):

Head Football Coach Assistant Football Coach Head Cheer Coach Assistant Cheer Coach

For football coach applicants, please select age level you are interested in coaching:

Kinder-2nd JV 3rd/4th grade Varsity 5th grade Varsity 6th grade

Employment Information:

Employer: _____ Work#: _____

Address: _____ City: _____ Zip: _____

Occupation/Position _____ Years Employed: _____

Qualifications:

Do you have tackle football or cheer coaching experience? Yes No If yes:

Position: _____ League: _____ Age Group: _____ Year: _____

Position: _____ League: _____ Age Group: _____ Year: _____

Position: _____ League: _____ Age Group: _____ Year: _____

Additional Information (optional): _____

Have you participated in football or cheer yourself? Yes No If yes, :

Please list experience: _____

Please describe any experience you may have coaching other sports:

Why do you want to be a volunteer coach for SVYFA? _____

Personal References:

Please provide at least three personal references who are not relatives.

Name: _____ Phone #: _____

Affiliation: _____

Name: _____ Phone #: _____

Affiliation: _____

Name: _____ Phone #: _____

Affiliation: _____

Please feel free to include with this application letters of recommendation from any references.

Background Check:

As a condition of volunteering, I give permission for SVYFA to conduct a background check on me, 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 SVYFA receiving no information of inappropriateness in my background. I hereby release and agree to hold harmless from liability the SVYFA Board, volunteers, and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, SVYFA is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term, if I violate any SVYFA policies or principles as outlined in the Bylaws or undertake any activity that is deemed by the Board not to be in the best interest of our student athletes or the organization programs I will be subject to suspension and removal by the SVYFA Board.

Signature: _____ Printed Name: _____ Date: _____

Full Legal Name: _____ DOB: _____
