



Vernon Hills Cougars Youth Athletic Association
www.vhcyaa.org

FOOTBALL & CHEERLEADING COACHING APPLICATION

Full **Legal** Name _____

Address _____

City _____ ZIP _____

Home Phone _____

Cell Phone _____

E-mail _____

Fax _____

I am Applying to Coach: Football Cheerleading (circle one)

Desired Coaching Position: Head Assistant (circle one)

If Assistant, Name of Head Coach _____

Level: Heavyweight Lightweight Middleweight Featherweight Bantam (circle one)

Describe your past coaching/playing experience

List any coaching courses/clinics attended and training certifications received:

Why do you want to coach in the VHCYAA programs?

What is your philosophy on coaching youth sports?

Additional Comments:

Background Information

It is the goal of the Vernon Hills Cougars Youth Athletic Association Football and Cheerleading program to provide our athletes with the most qualified coaches available who share our organization’s philosophy. Each application will be reviewed and, if necessary or desired, interviewed by the respective sport’s commissioner or other Board members.

Final approval is in accordance with the VHCYAA Policies and Procedures Statement. Applicants also must submit to a background check.

If selected to coach in the VHCYAA Football or Cheerleading programs:

- I have been given a copy of, have read and agree to abide by the rules, the Codes of Conduct and the Policies and Procedures Statement.
- I agree to instruct, maintain and uphold good sportsmanship.
- I agree to teach the fundamentals of football or cheerleading.
- I agree to attend all of the coaches’ meetings.
- I understand that failure to comply with any of these obligations can result in removal from coaching in not only the football or cheerleading programs, but other VHCYAA programs as well.

Applicant’s Signature _____ Date _____

Please mail to: VHCYAA
P.O. Box 5006
Vernon Hills, IL 60061

(For VHYCAA use only)

Interview Required: **Yes** **No**

Background Check Completed: **Yes** **No**

Executive Board: **Approved** **Rejected** **Date** _____

VHCYAA BACKGROUND CHECK FORM

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

The VHCYAA conducts bi-annual background investigations on all coaching volunteers for the safety of the volunteers, parents, participants and the organization. These checks are facilitated through local authorities and kept in strict confidentiality.

Last Name: _____

First Name: _____ Middle Initial: _____

Date of Birth: _____ - _____ - _____

Sex: ____ Race: ____ Social Security: ____ - ____ - _____

Place of Residence for the past 24 months:

1. Street: _____ City, State, Zip: _____

2. Street: _____ City, State, Zip: _____

3. Street: _____ City, State, Zip: _____

Have you lived primarily outside the State of Illinois for the past 7 years? Yes / No

To Whom It May Concern:

I authorize you to furnish the Village of Vernon Hills (VVH) or Vernon Hills Cougars Youth Athletic Association (VHCYAA), with any and all information you have concerning me, my work record, my reputation, my medical records, my military service records and my financial status. Driving record and any criminal history record information of a confidential or privileged nature may be included. Your reply will be used to assist the VVH and VHCYAA in determining my qualifications and fitness for the position I am seeking with the VHCYAA. I hereby release you, your organization and others from any liability or damage that may result from furnishing the information request. Further, I understand that the above information will be used to conduct background checks. The information is needed to identify an applicant from someone else with the same name. Results received from a background check will be used in determining employment/continued employment.

I agree that, to the best of my knowledge, the above information is true.

Applicant's Signature

Date