



est. 1972

Connecticut Youth Football League Football and Cheerleading Coaching Application

Program: Football Cheerleading **Position:** Head Coach Assistant Coach Team Mom
(please Check)

Team mom's Please
fill out sections
1,3 & 4

Team Level: A Team B Team C Team Mighty Mites
(please Check)

Town to Coach in: _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Date of Birth:** _____

Social Security Number: _____ **Occupation:** _____

Employer: _____ **Business Address:** _____

Yrs. with Employer: _____ **Drivers License No:** _____ **State:** _____ **Expiration:** __/__/__

Coaching Background (Include any other certification programs you feel pertinent): _____

Section 1

Have you ever been USA Football Heads up Certified YES ___ NO ___

Have you ever had NYSCA certification for any sports? YES ___ NO ___

Other Youth Organization Experience: _____

Previous Residences for the last five years (list City and State): _____

Current Memberships (religion, community, business, labor, or professional): _____

Section 2

References (Please do not list family members) :

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Information:

1. Do you use illegal drugs? YES _____ NO _____
2. Have you ever been convicted of a criminal offense? YES _____ NO _____
3. Has your drivers license ever been suspended or revoked? YES _____ NO _____
4. Other than the above, is there any fact that would call into question your being entrusted with the supervision, guidance and care of young people? (If yes, explain below) YES _____ NO _____

I understand that: 1. The information that I have provided may be verified, if necessary, by contacting persons or organizations namde in this application that may have information concerning me. This information will also be used to do a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold hamless the CTYFL and any of it's member teams, Executive Board members, coaches, and volunteers therof.
2. " In signing this application, I agree to comply with the Bylaws, rules, and regulations of the CTYFL and the towns I have applied to coach in. I affirm that the above information I have on this form is true and correct."

Signature of Applicant

____/____/____
Date

Mail application to : **Durham-Middlefield Falcons P.O. Box 66 Middlefield CT 06455**

For Association Use Only

Application Review Date: ____/____/____ Approved _____ Denied _____

Reason Denied: _____

Signature of Durham Middlefield Falcons President: _____