

WILSON YOUTH FOOTBALL

Head Coach Application (Fill Out & Turn into the WYF Board)

Legal Name (Last, First): _____

Mailing Address: _____

Home Address (If different): _____

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

Email: _____

Age Group for Desired Position: _____

Experience Coaching:

Team:	Year:	Coaching Positions:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any special skills, training or experience that you feel qualifies you to become a youth football coach (Use additional paper as needed):

ALL Coaches **MUST** undergo a background interview: Do you give permission for the Wilson Youth Football League to conduct a background check on you, which may include a review of criminal records and sex offender registries? (Circle One)

YES **NO**

ALL Coaches **MUST** fulfill certain requirements as deemed necessary by the Wilson Youth Football League and the NEYSA League. For Example: Getting certified in Heads Up, Concussion, clinics, etc. Do you agree to fulfill these requirements? (Circle One)

YES **NO**

Applicants Signature

Date