

SANDPOINT JR. TACKLE FOOTBALL LEAGUE

COACHING APPLICATION

Full Legal Name: First _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____

Work Phone _____ Cell _____ Date of Birth _____

Employer _____ Occupation _____

--PLEASE USE THE BACK OF THIS SHEET IF YOU NEED MORE ROOM TO EXPLAIN YOUR ANSWERS

Position Desired: circle one **HEAD COACH** **ASSISTANT COACH**

--If not selected for head coach, would you be an assistant? **YES** **NO**

Which grade level are you interested in coaching? Circle all that apply: **3rd/4th** **5th/6th** **7th** **8th**

Do you have any children in the Sandpoint Jr. Tackle Football League Program? **YES** **NO**

Are you willing to coach another team other than your child's? **YES** **NO**

Have you played football? **YES** **NO** # of years _____

Have you coached football? **YES** **NO** At what level? _____ # of years _____

What other sports have you coached? _____

Why do you want to volunteer to coach? _____

Why are you qualified to coach? _____

Have you ever been refused a position in ANY youth sports program? **YES** **NO** If yes, please explain _____

Have you ever been reprimanded, suspended or expelled from **ANY** head coach or assistant coaching position? **YES** **NO** If yes, please explain _____

Have you ever been charged and/or convicted of a misdemeanor or felony? **YES** **NO** If yes, please explain _____

I hereby certify the facts given in this coach's application are true and correct to the best of my knowledge. I understand that if I falsify statements on this coaching application I may not be considered for coaching duties. I understand that submission of this application does not ensure a coaching position until official approval by SJTFL Board of Directors. If selected to a position, I declare to abide by all rules, policies and by-laws of SJTFL. Failure to follow all rules, policies, by-laws and coaches commitment statement may result in any immediate removal, suspension, or any other action deemed appropriate by SJTFL Board of Directors per their policies, rules, and by-laws.

Signature _____ Date _____

