



Garfield Heights Youth Football

COACHING APPLICATION

Please print clearly or type.

Name: (First, MI, Last) _____

Address: _____

Street City State Zip: _____

Date of Birth: _____ Email Address: _____ Gender (check one): Male Female

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Driver License#: _____ Social Security#: _____

Desired Coaching Position (check one): HEAD COACH ASSISTANT COACH

Which age or level of football would you like to start coaching with first? (circle one)

Flag 3-4th 5-6th

Do you have a child participating in this sport? (check) Yes No If yes, child's name: _____

Have you coached youth sports before? (check) Yes No If yes, what sport? _____

How many years? _____ At what level or division? _____

Please give a brief description of your coaching philosophy _____

Have you ever been convicted of a felony? (check) Yes No If yes was it within the last 10 years? (check) Yes No

The GHYFL makes it mandatory to have a criminal background check performed before being considered for any coaching positions. I agree to provide The Garfield Heights Youth Football League, Inc. with a current background check (not more than 1 year old from the date of application). I agree to pay any fees associated with this background check and understand that these fees are non-refundable.

I certify that the above information is correct and that I have received read and agree to abide by the Coaches Code of Conduct.

Signature: _____ Date: _____

LEAGUE USE ONLY

◇ Criminal background check completed: YES NO

◇ Accepted: YES NO Team Assigned: _____

◇ League Official Signature: _____