

2009 MidValley Pop Warner Coaches Application



PO Box 1112, Albany, OR 97321

Position applying for: Head Coach Assistant Coach

Personal Information

Name: _____ Date of Birth: _____

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

E-mail Address: _____ Employer/Occupation: _____

Does your child play in this league? Yes No What Division? (circle) TM MM JPW PW JR SR

Coaching Experience

Years experience coaching youth football or other youth sport: _____

Where did you coach? Organization: _____ Location: _____

Organization: _____ Location: _____

Coaching References Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Did you coach with our league last year? If yes, what team? _____

Were you a head or assistant coach? _____

What were you responsible for? (e.g. offense, defense, special teams) _____

Do you have any medical conditions? If yes, please explain. _____

Personal Bio

Please provide no less than two sentences to tell us about yourself and why you want to coach youth sports.
Feel free to attach another sheet of paper if necessary.

Continue bio on next page.

Background information

Working with youth is a privilege and we must ensure the safety of all of our participants. Although, this information may not be held against you, it does help us determine whether or not you are a good fit with youth sports. All final applicants will need to successfully complete a background check prior to starting the season.

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

To the best of my knowledge, all of the information given on this form is factual. I understand that the conference will take disciplinary action against the individual, team and association that presents falsified information on documents. I have also read the code of conduct and will follow it to the best of my ability and understand that by not doing so I could forfeit my coaching assignment if I violate any of the rules.

Coaching Applicant: _____ Date: _____
Signature

Area Representative: _____ Date: _____
Signature

Do not write in this section. This is for League use only.

Approved: Yes No Position: Head Coach Assistant Coach Team: _____

Coaching Director: _____ Date: _____
Signature

Commissioner: _____ Date: _____
Signature

President /Vice President: _____ Date: _____
Signature