

Thank you for your interest in coaching in BYFA.

Please fill out the coaching application below.

Please return the completed application to: bufordyouthfootball@gmail.com

All applications are due by **Friday, March 1, 2019**.

Buford Youth Football Association Coach Application

Personal Information

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email Address:		

Coaching Level

Position Requested: <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Either
Age Group:
Would you be coaching your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Child's Name:
Please list any other children participating in BYFA:

Coaching Experience

Have you coached football before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years?
Have you previously coached in GFL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what association(s) and in what capacity?
Have you coached any other football related activities (flag football, passing league)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain involvement and date:
Have you coached any other youth sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been ejected from a sporting event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

General Questions

Why are you volunteering for this position?
What experience do you have working with children?
Please list any information or qualities, which you feel support your request for a coaching position:

Are there any commitments that might interfere with your ability to be present at practices or games?

I understand completion of this application does not guarantee me a coaching position within BYFA.

Applicant's Signature: _____

Date: _____