



NYFL Volunteer Application

Applicant Name: _____ Date: _____

Address: _____
Street City/ST Zip

DOB: _____ SSN: _____ Phone: _____

Position Applying For:

_____ Head Football Coach	_____ Assistant Football Coach
_____ Head Cheer Coach	_____ Assistant Cheer Coach
_____ Equipment Manager	_____ Executive Board
_____ Team Staff	_____ Weigh-Master

Division: _____ Starts _____ Rookies _____ J.V. _____ Varsity

If you are a returning Coach please check here: _____

I hereby agree to the terms and conditions, as set forth by the National Youth Football League Constitution and Bylaws and the Coaching and Playing Rules as presented by the NYFL Board of Directors. I understand that this application may be denied for any reason. I understand that in addition to completing this application, I must obtain all certifications as required by the NYFL, and that I must pass a league required background check, before I will be accepted as a certified coach. I understand that my actions not only represent myself, but also the rest of my coaching staff and my organization. I understand that I can and will be held responsible for all of my actions. I also understand that any action or legal event, which violates the NYFL Coaching Code of Conduct, or the NYFL background requirements, will result in my immediate suspension, and possible removal from the NYFL and my organization. I agree to respect the NYFL Board, the referees, and my organizations' representatives at all times. I certify that all information included in this packet is true and complete, and that any omission of information is grounds for rejection. I also agree and understand that the NYFL has my express permission to use my name, picture, video, likeness, etc. in any way that it see fit.

Applicant Signature

Date

NYFL Background Check: _____ Passed

_____ Failed

NYSCA Certification #: _____

1st Aide/CPR Exp. Date: _____

NFL JPD Certification Date: _____

NYFL Badge Number: _____

Team President

NYFL President

Position Desired: _____

Applicant Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

DOB: _____ SSN#: _____

Drivers License#: _____ ST: _____ EXP. Date: _____

Previous Address:(Please go back 10 years.)

Street City/ST Zip Dates

Street City/ST Zip Dates

Street City/ST Zip Dates

Street City/ST Zip Dates

Street City/ST Zip Dates

Street City/ST Zip Dates

Present Employer:(And Last 2)

Name of Employer Dates

Name of Employer Dates

Name of Employer Dates

Current Position: _____ Supervisor: _____

References:(List 5 – Not relatives)

Name	Address	City/ST	Zip	Phone

Why do you want to volunteer for this position? _____

What experience do you have dealing with youth? _____

Have you ever been certified to be a volunteer coach in any sport? _____ **Yes** _____ **No (Please List)**

Have you ever had a problem with drugs or alcohol? _____ **Yes** _____ **No (Please Explain)**

Have you ever been arrested for anything besides minor traffic citations? ____ Yes ____ No (Please List)

Do you have a child participating in the program? ____ Yes ____ No

Do you have current automobile insurance? ____ Yes ____ No (Please List Co. & Policy #)

I agree that this questioner was filled out voluntarily and that all information contained is true and correct. I have not omitted any information. By signing this form, I consent to the NYFL obtaining information regarding myself as listed below.

- | | |
|---|---|
| - Criminal Background check/fingerprints. | - Criminal Records Search, All 50 US States |
| - Employment verification/records | - Drivers License Check |
| - Automobile Insurance Check | - Personal Reference Check |
| - Training/Experience verification | - Former Address verification |

I understand that this information is being obtained to qualify me as a volunteer for a youth program. I hereby release the NYFL, and its' agents, of any and all liability resulting from the information gathered. I understand that the information obtained is confidential and will not be handled by or shared by any persons outside of the NYFL review staff. I understand that my application can be denied for any reason at all, in accordance with the NYFL rules. This application is valid on a continuous year-to-year basis. I understand that if I leave the league I must reapply. I hereby waive my privacy rights to any extent necessary for the NYFL to verify all information necessary in order to process this application.

Print Name

Date

Signature