

**Olive Branch Youth Football and Cheerleading League  
Coaching Application**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Which age group are you interested in coaching? \_\_\_\_\_

What is the name(s) of your children that will participate in this age group?  
\_\_\_\_\_

What are the restrictions, if any, that your work schedule places on you for practice or game times?  
\_\_\_\_\_  
\_\_\_\_\_

Please list your previous youth coaching involvement and experiences as a player and/or coach.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to submit to a confidential background check? YES NO

Have you ever been removed from a youth coaching position because of conduct? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write a brief outline of your coaching philosophy and objectives. If additional space is needed, please use the back of this page.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If selected to be a coach in the OBYFCL, I fully understand my responsibilities of the position as stated in the OBYFCL bylaws, code of conduct and rules. I will see that all are carried out to the best of my abilities and will be supportive of any decisions made by the OBYFCL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date