LAKEWOOD YOUTH FOOTBALL ATHLETIC ASSOCIATION COACHING & VOLUNTEER APPLICATION

(425) 418-1012 [www.LYFAA.com](http://www.lyfaa.com/)

Name:

Phone:

Address:

Cell:

City:

Zip:

Email address:

Driver’s License Number:

(Please note we only accept valid Washington State Drivers Licenses)

Date of Birth:

Alias/Maiden Name:

Position Applying for: \_

(Coach, Assistant Coach, team parent, field crew, general volunteer)

Will you have a child participating in the program? Y or N

Childs Name:

Have you ever been ejected from a game either as a coach or a fan? Y or N

Do you have any First Aid or CPR training? (Specify):

Do you have a valid food handler’s permit? Y or N

If applying for coaching position, please list coaching experience (all sports) and two personal references

(names and phone numbers):

If you were selected as a LYFAA Head Coach, would you have a problem implementing a predetermined playbook expected by the organization? Y or N

By submitting this application, I agree to follow all rules required by LYFAA and NCYFL. I understand that LYFAA will use the information provided to complete a Washington State Back ground check. Note that background checks are good for one year.

Signature:

Date: