

Head Coach _____ Assistant Coach _____ Team Parent _____ Other _____

C.C.Y.F.

Clark County Youth Football Volunteer / Coach Application Please print

Full Legal Name: _____
(Last) (First) (Middle)

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Special Professional Training, Skills, Hobbies: _____

Previous Coaching Experience: _____

Which Level do you want to Coach? Flag: Flex T-4th / 5th T-6th T-7th T-8th
Do you have children in the program? Yes No

Childs Name (s): _____

If you coached last season what team? _____

Special Certification: i.e. CPR, Medical, ect... _____

Do you have a valid Driver's License? Yes No

Driver's License #: _____ State: _____

Have you ever been convicted of any crimes Yes No If "Yes" describe in full: _____

Previous Coaching experience(s) _____

Have you ever been refused participation in any other youth programs? Yes No If "Yes" explain: _____

I give my permission for the League Organization to conduct a background check on me which may include a review of criminal and child abuse records maintained by government agencies. I understand that if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability C.C.Y.F., the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that regardless of previous appointments I may not be appointed to a volunteer position. If appointed I understand that, prior to the expiration of my term, I am subject to suspension by the president and removal by the Board of Directors.

Applicant: _____ Date: _____ Applicant: _____
(Signature) (Please Print)

NOTE: CCYF will not discriminate against any person on the basis of race, creed, color, national origin, marital status, sex, sexual orientation or disability.

Head Coach _____ Assistant Coach _____ Team Parent _____ Other _____

CLARK COUNTY YOUTH FOOTBALL DISQUALIFYING FACTORS FROM COACHING

I; _____ affirm that I have not been:

- (a) Convicted of any crime against children or other persons; which have been defined as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree man slaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; sexual exploitation of minors; first or second criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future.
- (b) Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- (c) Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- (d) Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- (e) Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited a vulnerable adult; or
- (f) Found by a court in a protection proceeding under Chapter 74.34 RCW. To have abused or financially exploited a vulnerable adult;
- (g) Convicted of crimes relating to any felony controlled substances (Drugs)

I understand that should I choose not to sign this statement and/or submit to a Washington State Patrol Criminal History Check, I will be excluded from participation of coaching in any capacity in Clark County Youth Football.

I certify under penalty of perjury that the foregoing is true and correct and consent to a Washington State Patrol Criminal History Check.

Dated in Clark County, Washington on _____, 20_____.

TYPE OR PRINT LEGIBLY Complete Legal Name

Signature

Team