

Napa Youth Football & Cheer Association
P. O. Box 2822
Napa, California 94558

Coaching Application Form

Organization _____ Date _____

Position: Cheer or Football Title _____
(Head Coach, Assistant Coach)

Full Legal Name of Applicant _____

Other Names (Maiden, Alias, etc) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email Address _____

Social Security Number _____ Date of Birth _____

Drivers License # _____ Expiration Date _____ Male _____ Female _____

Previous Address (List Address if not at current address for 5 years):

Street _____ City _____ State _____ Zip _____

Present Employer: _____ Hire Date _____

Employer's Address _____

City _____ State _____ Zip _____ Phone # _____

Position _____ Name of Supervisor _____

Personal References:

Name _____ Contact Phone # _____

Name _____ Contact Phone # _____

Have you ever been arrested, charged or convicted of a crime? No _____ Yes _____

If yes, please explain:

Have you ever had or do you currently have a problem with drugs and/or alcohol?

No _____ Yes _____ If yes, please explain: _____

What is your motivation to volunteer for this position?

List any formal training that you have completed that is related to this position:

Do you have Automobile Insurance? Yes _____ No _____

Name of Company _____

I understand and agree that:

1. This organization can deny any applicant for any reason or for no reason at all.
2. This application is valid for 1 (one) year and a new application has to be completed immediately thereafter.
3. By submitting this application I, the applicant, affirm that all the foregoing information I have provided is true and correct.
4. By submitting this application I, the applicant, agree (in return for being permitted to coach) that if any of the foregoing information is incorrect, I will forever indemnify and hold this organization harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided.
5. By submitting this application I, the applicant, voluntarily waive my privacy rights to the extent necessary for the youth organization to verify the foregoing information through any reasonable means, including, but not limited to local, state, national and international criminal background check(s) and to inform those within the organization who are responsible for accepting and/or supervising volunteers.

Print Name _____

Signature _____ Date _____

Napa Saints Youth Football Association
Consent/Release Form

Name of Organization _____

Applicant's Name (printed) _____

Date of Birth _____ Social Security Number _____

Applicant's Address _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named
Name of Applicant
organization and DVC Conference to obtain information regarding myself. This includes

the following:

- Employment Records/Employers References
- Criminal Background Records/Information
- Criminal Background Check/Fingerprint
- Driver's License Check
- Automobile Insurance Check
- Training/Experience
- Personal References
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name _____ Date _____

Signature _____