

NEW COACH CERTIFICATION CHECKLIST

HEAD COACH
ASST. COACH CHOOSE ONE

YOUR NAME: _____

ORGANIZATION: _____

(circle one)

LEVEL: Scout/Mascot Jr. Pee Wee Pee Wee Jr. Midget Midget

FOOTBALL
CHEER CHOOSE ONE

Coaching Application and Signed Consent Form

Photocopy of First Aid / CPR Card(s)

Photocopy or Computer Printout of NYSCA Certification

2x2 Picture (2 pictures if new coach)

Diablo Valley Youth Football Conference
P.O. Box 2949
Castro Valley, California 94546

VOLUNTEER IN YOUTH SPORTS
Application Form

Organization _____ Date _____

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

Full Legal Name of Applicant _____

Other Names (Maiden, Alias etc) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

Email Address _____ Date of Birth _____

Social Security Number _____ Male _____ Female _____

Drivers License Number _____ State _____ Expiration Date _____

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

Street _____ Apt # _____

City _____ State _____ Zip _____

Present Employer _____ Hire Date _____

Employers Address _____

City _____ State _____ Zip _____

Position _____

Name of Supervisor _____

VOLUNTEER IN YOUTH SPORTS
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Past Employers (The past ten years)

_____ Name of Company	_____ Name of Supervisor
_____ Address	_____ Ending Date of Employment
_____ City State Zip	_____ Position

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_____ Name of Company	_____ Name of Supervisor
_____ Address	_____ Ending Date of Employment
_____ City State Zip	_____ Position

References (List 3 not family relations)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____ 3/08

VOLUNTEER IN YOUTH SPORTS
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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:

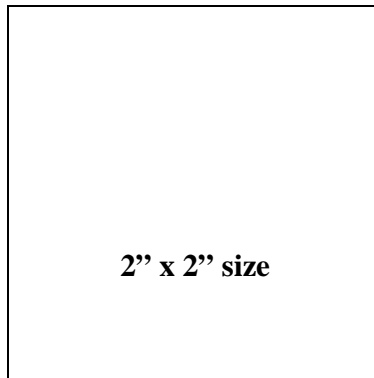
What is your motivation to volunteer for this position?

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

Do you have Automobile Insurance? Yes _____ No _____

Name of Company _____

(PICTURE MUST BE CUT TO FIT IN SPACE PROVIDED BELOW)



O.K. TO GLUE OR TAPE THIS PICTURE TO THIS PAGE.

VOLUNTEER IN YOUTH SPORTS
Application Form – Page 4

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 volunteer) 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 _____

Diablo Valley Youth Football Conference
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Castro Valley, California 94546

VOLUNTEER IN YOUTH SPORTS
Consent/Release Form

NYSCA Chapter ID# _____

Name of Organization _____

Applicant's Name (printed) _____

Date of Birth _____ Social Security Number _____

Applicants 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 _____

FIRST AID / CPR CARD(S)

HEAD COACH
ASST. COACH CHOOSE ONE

YOUR NAME: _____

ORGANIZATION: _____
(circle one)

LEVEL: Scout/Mascot Jr. Pee Wee Pee Wee Jr. Midget Midget

FOOTBALL
CHEER CHOOSE ONE

NO ON-LINE CERTIFCATES EXCEPTED

FIRST AID FRONT

FIRST AID BACK

CPR FRONT

CPR BACK

National Youth Sports Coaching Association (NYSCA)

HEAD COACH CHOOSE ONE
ASST. COACH

YOUR NAME: _____

ORGANIZATION: _____
(circle one)

LEVEL: Scout/Mascot Jr. Pee Wee Pee Wee Jr. Midget Midget

FOOTBALL CHOOSE ONE
CHEER

NYSCA FRONT

NYSCA BACK

PICTURE FOR BADGE

HEAD COACH
ASST. COACH CHOOSE ONE

YOUR NAME: _____

ORGANIZATION: _____
(circle one)

LEVEL: Scout/Mascot Jr. Pee Wee Pee Wee Jr. Midget Midget

FOOTBALL
CHEER CHOOSE ONE

ALL PICTURES MUST BE CUT TO FIT IN BOX BELOW

YOUR PICTURE FRONT	PICTURE BACK
Picture Size 2x2 CUT TO SIZE <u>DON'T GLUE</u>	Your Name: City you coach for: Level: <u>Please Print Clearly</u>

**DO NOT GLUE, TAPE OR OTHERWISE PERMANENTLY AFFIX
THIS PICTURE TO THIS PAGE.**

**PAPERCLIP IT OR PUT IT IN A BAGGY OR ENVELOPE
WE NEED THIS PICTURE FOR YOUR BADGE**