

RETURNING 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 (Only 1 needed for returning coach)

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

VOLUNTEER IN YOUTH SPORTS
Follow-up Application Form

Organization _____ Date _____

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

Full Legal Name of Applicant _____

Currant Address _____

City _____ State _____ Zip _____

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

Email Address _____

Present Employer _____

Employers Address _____

City _____ State _____ Zip _____

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

If yes please explain:

Do you have Automobile Insurance? Yes _____ No _____

Name of Company _____

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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 CERTIFICATES 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: _____

LEVEL: Scout/Mascot Jr. Pee Wee Pee Wee Jr. Midget Midget
(circle one)

FOOTBALL CHOOSE ONE
CHEER

NYSCA FRONT

NYSCA BACK

PICTURE FOR BADGE

HEAD COACH
ASST. COACH CHOOSE ONE

YOUR NAME: _____

ORGANIZATION: _____

LEVEL: Scout/Mascot Jr. Pee Wee Pee Wee Jr. Midget Midget
(circle one)

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**