



# Evergreen Coaches Application

Applicant's First Name:  
(Please print clearly)

Last Name

DOB

Street Address

City

ZIP

Home Phone

Work Phone

Cell Phone

Occupation/Employer

E-mail address

Position applying for:

Division of play

Is your child participating?

## COACHING EXPERIENCE

Years of coaching experience in any sport: \_\_\_\_\_ Years of coaching experience in football or cheer: \_\_\_\_\_

From present to past please list Organization Name, Location and your position.

Coaching Reference #1:

\_\_\_\_\_  
Name and Phone Number

Coaching Reference #2:

\_\_\_\_\_  
Name and Phone Number

Coaching Reference #3:

\_\_\_\_\_  
Name and Phone Number

Please complete back of form

**Evergreen coach's application continued**

**Personal Bio:** Provide no less than 4 sentences about yourself and why you want to coach.

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**Background Information:** Working with the youth is a privilege and we want to endure the safety of all our participants – although the following may not be held against you – it helps us determine if you are fit to work with our youth.)

Have you ever been convicted of a felony:            YES            No

If yes, Please explain:

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**All final applicants will need to successfully complete a background check prior to the start of the 2011 season. By signing below I submit to any/all background checks Evergreen Pop Warner may wish to make with the information I provide.**

To the best of my knowledge, all of the information given on this form is fact. I understand that the League will take disciplinary action against the individual, team and Association that presents falsified information on documents. I've also read the Members Code of Conduct\*\* and will follow it to the best of my ability and understand by not doing so I could forfeit my coaching assignment if I violate any of the rules.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\* The Members Code of Conduct can be viewed at <http://www.evergreenpopwarner.com/coaches/codeofconduct.shtml>

**DO NOT WRITE BELOW THIS LINE – Authorized personnel only**

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Approved:                            YES                            NO

Position Approved for:

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Clinic:

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Commissioner Signature and Date:

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