



Galt Jr Warriors Youth Football & Cheer

CHEER COACH APPLICATION

Full name:	<hr/>	Date:	<hr/>
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Address:	<hr/>	Phone:	<hr/>
	<i>Street address</i> <i>Apt/Unit #</i>		
	<hr/>	Email:	<hr/>
	<i>City</i> <i>State</i> <i>Zip Code</i>		

Coaching Position Applying For	Coaching Position Applying For (Select all that apply)
	<input type="checkbox"/> Head Cheer Coach
	<input type="checkbox"/> Assistant Cheer Coach
	<input type="checkbox"/> Jr. Coach
	<input type="checkbox"/> Other: _____

Preferred Level:

- ☐ Jr. Novice
☐ Novice
☐ Jr. Varsity
☐ Varsity

Are you available for practices (3–5 days per week) and all Saturday games? Yes ☐ No ☐

Are you available for competitions, camps, events, and required coach meetings? Yes ☐ No ☐

Are you able to attend coach meetings, clinics, and safety trainings? Yes ☐ No ☐

Have you coached cheer before? Yes ☐ No ☐ Yes — Explain (levels, years, organization): _____

List any certifications currently held:

☐ **CPR/First Aid**

☐ **Concussion/Heads Up**

☐ **Heat Illness Prevention**

☐ **Stunt Safety Certification**

☐ **Other:** _____

1. Are you willing to comply with the GJW Bylaws, Code of Conduct, Personal Gain Policy, and Volunteer requirements?

☐ Yes

☐ No

2. Are you willing to submit a background check if required?

☐ Yes

☐ No

Applicant Certification

By signing below, I certify that all information provided is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification or removal from the Board.

Applicant Signature: _____

Date: _____

