



# Galt Jr Warriors Youth Football & Cheer

## FOOTBALL COACH APPLICATION

### Application Information

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

#### Coaching Position Applying For

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(Select all that apply)

- Head Coach
- Assistant Coach
- Offensive Coordinator
- Defensive Coordinator
- Special Teams Coach
- 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 able to attend coach meetings, clinics, and safety trainings?

Yes  No

Are you able to attend coach meetings, clinics, and safety trainings?

Yes  No

Have you coached football before?

Yes  No

Yes – Explain  
(levels, years,  
organization):

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**List any certifications held:**

- USA Football**
- CPR/First Aid**
- Concussion/Heads Up**
- Heat Illness Training**
- 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: \_\_\_\_\_