



Galt Jr Warriors Youth Football & Cheer

FOOTBALL COACH APPLICATION

Application Information

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

Coaching Position Applying For	Coaching Position Applying For (Select all that apply)
	<input type="checkbox"/> Head Coach
	<input type="checkbox"/> Assistant Coach
	<input type="checkbox"/> Offensive Coordinator
	<input type="checkbox"/> Defensive Coordinator
	<input type="checkbox"/> Special Teams 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 <input type="checkbox"/>	No <input type="checkbox"/>
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Are you able to attend coach meetings, clinics, and safety trainings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you able to attend coach meetings, clinics, and safety trainings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you coached football before?

Yes ☐ No ☐

Yes — Explain
(levels, years,
organization): _____

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: _____