

GALT JR. WARRIORS - COACHING APPLICATION

Legal Name

Street

City State: CA Zip

Date of Birth Phone

Occupation

Email

FOOTBALL Head Coach: Assistant: Division: Jr.Noovice/Novice/JV/Varsity

CHEER Head Coach: Assistant: Division: Jr.Noovice/Novice/JV/Varsity

List your experiences as a coach: _____

Have you received any awards or honors that you'd like to mention? _____

How do you feel Galt Jr. Warriors would benefit from your involvement? _____

Would you be able to take this position like it was a job, own it, be professional at all times and put the best interest of the organization as a whole first?

Yes No

Please check if you have a valid Certification for: CPR? First Aid?

Have you ever been convicted of a felony? Yes No

Are you subject to any civil restraining order or any type of civil action relating to child abuse?
Yes No

If you answer yes, you will be asked for more documentation.

Are you willing to coach a team that your child is not participating on? Y or N

Are you willing to participate with events/functions the Board implements? Y or N

Do you understand that we view ourselves as a feeder program to the GHS football program and do our best to implement the same game play in which they teach with respect to age appropriate understanding? Y or N

I understand that my volunteer position with GJW is contingent upon my truthful completion of this application. I understand that GJW will obtain a criminal report that will visible only to the Executive Team. I understand that I may be immediately discharged for any misrepresentation on this form. I also understand that I will complete all required certifications by dates required.

Check this box, if you agree to the above statement.

(Signature)Date

Scan/take picture and email to: galtjrwarriorsfootballncheer@gmail.com