

Head Coach Application
Big Lake Youth Football Association

Name: Last: _____ First: _____

Current Address: _____

Home Phone Number: _____ Cell: _____

Are you CPR & First Aid Certified? Yes No

Will you be coaching your child this season? Yes No

Name of participant? _____

Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character or ability as a prospective coach for Big Lake Youth Football Association? Yes No

If yes and you would like to explain, use a separate sheet of paper.

Name your assistant coaches: _____

Which team (grade) are you requesting to coach? _____

Experience in coaching youth football:

Team: _____ Year: _____ Coaching Position: _____

Team: _____ Year: _____ Coaching Position: _____

Team: _____ Year: _____ Coaching Position: _____

Team: _____ Year: _____ Coaching Position: _____

Team: _____ Year: _____ Coaching Position: _____

Experience in other youth programs:

Team: _____ Year: _____ Coaching Position: _____

Team: _____ Year: _____ Coaching Position: _____

Team: _____ Year: _____ Coaching Position: _____

Team: _____ Year: _____ Coaching Position: _____

Team: _____ Year: _____ Coaching Position: _____

Please answer the following questions to the best of your ability.

1. What is your personal coaching philosophy?

2. How would you handle an injured player?

3. Do you feel it is more important to win a game or to give the association players equal playing time?

4. How would you handle a parent's complaint regarding playing time?

5. Are you able to communicate with the parent's? Yes No

6. Are you willing to run the schools offense and defense? Yes No
(Playbooks will be provided)

7. Do you have experience handling sports injuries? Yes No

Agreement:
(please initial)

I understand that my approval as a head coach is conditional upon the following
(1) That no information is in my background check that may make me an
inappropriate candidate for participation in Big Lake Youth Football.

I understand that I may not be chosen for a head coaching position.

I understand that my application for a head coach position will be reviewed by
the Big Lake Football Association and if chosen as a candidate I will be
contacted by the association for a coaches interview. The final decision will be
made by the Big Lake Football Association interviewing team.

I agree to abide by all of the codes of conduct, rules and policies as set forth by
and not limited to Big Lake Youth Football Association and Three Rivers
League.

I understand that if I choose not to use the playbooks provided by the association
I will be asked to step down as a Big Lake Youth Football Coach and that I
will have to name one of my assistant coaches as my replacement coach.

I understand and accept that despite prior participation in the Big Lake Youth
Football Association, the Board is not obligated to approve me for a coaching
position.

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be the cause for rejection of this application or discharge from Big Lake Youth Football Association. I hereby authorize Big Lake Youth Football Association to conduct an investigation into my background history to verify the above information.

Signature of Applicant: _____ Date: _____

Please complete application and mail to P.O. Box 62 Big Lake, MN 55309. If you are completing this application on line you do not need to mail it in.

For official use only: _____ Favorable _____ Neutral _____ Unfavorable