

Jamestown Youth Football/Cheer Coaching Application

Year requesting acceptance: _____

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Home#:(____) _____ Cell#:(____) _____ Work#(____) _____

E-Mail Address: _____

No. of Years in Wee Rams as a coach: _____

Do you have a child in the program for the upcoming year? Yes / No

Coaching/Advisory Experience:

Organization	Years	Reference w/Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Football/Cheer Experience (Coaching/Playing):

School/Organization	Years (Coaching/Playing)
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been charged with a Felony or Misdemeanor? Yes / No

If yes, Explain: _____

Have you ever been arrested for any other reason? Yes / No

If yes, Explain: _____

Do you have an issue being subject to a background check? Yes / No

Have you ever been involved in an incident involving child abuse or neglect? Yes/NO

If yes, Explain: _____

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I understand and agree that the Jamestown Youth Football League can deny any applicant for any or for no reason at all. By submitting this application, I, the applicant, voluntarily waive my privacy rights to the extent necessary for the Jamestown Youth Football League to verify the foregoing information through any reasonable means, including, but not limited to local, state, and national criminal background check(s) and to inform those within the Jamestown Youth Football who are responsible for accepting and/or supervising volunteers (Board Members). By submitting this application, I, the applicant, agree and (in return for being permitted to volunteer) that if any information is incorrect, I will forever indemnify and hold this organization harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided. I, _____
Authorize and give consent to the Jamestown Youth Football League to obtain information as deemed necessary regarding myself. Including:

Employment Records/Employee References
Criminal Background Records/Information/Fingerprint (if requested)
Personal References and Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence within Jamestown Youth Football guidelines.

Printed Name: _____

Signature: _____ Date: _____

FOOTBALL

JYFA League Use Only

Date Received _____ Approved ___ Denied ___ Board Member Initials/Date _____

***Return application by mail to:
Jamestown Youth Football
PO Box 7; Jamestown, Oh. 45335**