



Spencer County Youth Football Association (SCYFA)

Volunteer Coach Application Form

Spencer County Stallions' Mission

It is the purpose of the Spencer County Stallion's Youth Football Association to encourage the healthy growth and development of our youth as they learn the fundamentals of tackle football and stunt cheering. It shall be the purpose of all Stallion's coaches to foster the highest standards of citizenship in the community by all members of the program. They shall provide a safe and positive environment to encourage the growth and development of each student athlete to the best of their ability. They must always reinforce the positive aspects of athletic participation such as having fun, building camaraderie, teamwork, and sportsmanship.

Please Read All Terms and Conditions Carefully

The Spencer County Stallions' Youth Football Association will not discriminate against any person(s) seeking the opportunity to volunteer and participate in any capacity on the basis of race, creed, color, natural origin, marital status, gender, sexual orientation, or disability.

Purpose: This form allows the SCYFA Board to follow a regimented process for the review and selection of volunteers to fill Head Coach and Assistant Coach Positions within the Stallion's for the upcoming Season. Having prior coaching or volunteer experience at any level is not a requirement for application with the Stallion's. Prior to any individual being appointed as a Stallion's Coach they must submit a completed application, agree to a background check/investigation and interview with the SCYFA Board.

Privacy Policy: Spencer County Stallion's collects information from coaching applicants for the purposes of determining eligibility and suitability and to conduct background investigations necessary to insure the safety of our participants. We will not collect any information that is not reasonably necessary to participate in this program. Except for the information necessary to conduct background investigations, we will not disclose applicant information to any third party.

Instructions: Please fill out ALL information requested. No person shall be considered for any position within the Stallion's coaching staff until a completed application is submitted and approved by the SCYFA Board. Also, by volunteering you agree to follow all rules and regulations as set forth by SCYFA and understand that failure to comply with all rules can result in termination as a volunteer coach. All applications are subject to review and approval by the SCYFA Board.

APPLICANT'S INFORMATION

Full Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____ Shirt Size: _____

CPR and/or First Aid certified? Yes _____ No _____

If yes, Card level/Title: _____ Expires: _____

Please provide a photocopy of your CPR card with this application.

Please list any children you have playing in SCYFA:

Child's name: _____ Program: _____

Child's name: _____ Program: _____

Child's name: _____ Program: _____

Position Volunteering for (please check one): Head Coach _____ Assistant Coach _____ Cheer Coach _____

Program (please check one): Ages 5-7 Cheer _____ Ages 8-9 Cheer _____ Ages 10-11 Cheer _____

Grade K – 1st Flag Football _____ Grade 1st-2nd Peewee Football _____ Grade 3rd-4th Junior Football _____

Grade 5th – 6th Senior Football _____

EMPLOYMENT INFORMATION

Employer: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation/Position: _____ Years employed: _____

QUALIFICATIONS

Football coaches: Do you have tackle football coaching experience? Yes _____ No _____

Cheering coaches: Do you have stunt cheering coaching experience? Yes _____ No _____

Please list the three most recent tackle football OR stunt cheering coaching positions you have held:

From: _____ To: _____ Age Group: _____

Organization/Location: _____

Position: Head Coach _____ Assistant Coach _____ Other (please explain): _____

Additional info (optional): _____

From: _____ To: _____ Age Group: _____

Organization/Location: _____

Position: Head Coach _____ Assistant Coach _____ Other (please explain): _____

Additional info (optional): _____

From: _____ To: _____ Age Group: _____

Organization/Location: _____

Position: Head Coach _____ Assistant Coach _____ Other (please explain): _____

Additional info (optional): _____

Have you played football (football coaches only)? Yes _____ No _____

If yes, please list experience: _____

Have you officiated football (football coaches only)? Yes _____ No _____

If yes, please list experience: _____

Have you participated in stunt cheering (cheering coaches only)? Yes _____ No _____

If yes, please list experience: _____

Please list any experience you may have coaching other sports:

Why do you want to be a volunteer coach for SCYFA?

PERSONAL REFERENCES

Please provide at least three personal references who are not relatives:

Contact Name: _____ Phone: _____
Affiliation: _____

Contact Name: _____ Phone: _____
Affiliation: _____

Contact Name: _____ Phone: _____
Affiliation: _____

Please feel free to include with this application letters of recommendation from any references.

BACKGROUND CHECK

Have you ever been refused participation in any youth sports organization? Yes ____ No ____ If yes, please explain:

As a condition of volunteering, I give permission for SCYFA to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon SCYFA receiving no information of inappropriateness in my background. I hereby release and agree to hold harmless from liability the SCYFA officers, volunteers, and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, SCYFA is not obligated to appoint me to a

volunteer position. If appointed, I understand that, prior to the expiration of my term, if I violate any SCYFA policies or principles as outlined in the Bylaws, or undertake any activity that is deemed by the Board not to be in the best interest of our student athletes or the organization programs, I will be subject to suspension and removal by the SCYFA Board.

Signature: _____

Date: _____

Full Legal Name: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Please attach a photocopy of your driver's license to this application.

Please return your completed application and all attachments to: Spencer County Youth Association (SCYFA) PO BOX 1024 Taylorsville, Ky 40071 OR by email to spencercountystallions@gmail.com
ATTN: Board President