



# Cromwell Youth Football & Cheer Corp Team Staff Application

\_\_\_ Football \_\_\_ Cheer

Squad: \_\_\_ A Squad \_\_\_ B Squad \_\_\_ C Squad \_\_\_ MM Squad

Head Coach/Assistant Coach/Team Parent: \_\_\_\_\_ Season/Year: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have a child in the league? \_\_\_ Yes \_\_\_ No If yes, Names & Ages:

\_\_\_\_\_

COACHES: How many years of youth coaching experience do you have? \_\_\_\_\_ How many of those years were coaching football/cheer specifically? \_\_\_\_\_ How many were with CYFC? \_\_\_\_\_

Have you ever had any formal complaints filed against you within CYF or have you ever been reprimanded by the CYFC Board? If Yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

List any applicable skills or attributes you can contribute to CYFC:

\_\_\_\_\_

Are you certified in CPR or First Aid: \_\_\_ Yes \_\_\_ No Certification Dates: \_\_\_\_\_

\*A background check must be conducted prior to volunteer approval.

Applicant Signature & Date:

\_\_\_\_\_

-----Cromwell Youth Football & Cheer Use Only-----

Background Check Completed: \_\_\_\_\_ CPR/First Aid: \_\_\_\_\_

Heads Up: \_\_\_\_\_ Cheer & Dance Certs: \_\_\_\_\_ Concussion Training: \_\_\_\_\_

Board Comments: \_\_\_\_\_

Approved: \_\_\_\_\_