



# Cromwell Youth Football

## 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 CYF? \_\_\_\_

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

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

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 Use Only-----

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

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

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

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