



Cabot Youth Football

VOLUNTEER COACH APPLICATION YEAR _____

Full Legal Name:

First	Middle	Last
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General:

SSN	Birth date	Phone	Email address
Address		City	Zip Code

I would like to be considered for a volunteer coach for the following:
(Please complete a separate application if you are requesting to participate in 2 leagues)

- | | | |
|-------------------------------|-------------------------------------|--|
| Mini Campers (5 & 6 Yr. Olds) | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach |
| Rookies (7 & 8 Yr. Olds) | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach |
| Semi-Pros (9 & 10 Yr. Olds) | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach |
| Pros (11 & 12 Yr. Olds) | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach |

Coach you will be assisting or will be assisting you:	
List the names of any children you have in the program:	

CYFA Coaching Experience:

Years as Head Coach	List Seasons
Years as 1 st Assistant	List Seasons
Years as Assistant	List Seasons

*** Note, coaching 2 teams during the same season only counts for 1 year of experience.**

Other Coaching Experience:

Organization	Position	Years
Organization	Position	Years

Employer:

Company Name	Telephone
Address	City, State
Normal Working Hours	Position

References:

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Have you ever received any type of criminal conviction? _____

If yes, please state for each said conviction, date of conviction, the offence of which you were convicted and the court in which you were convicted: _____

I understand that the Cabot Youth Football Association is interested in providing a safe, wholesome experience for all youngsters participating in the football program. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if approved falsified statements will be grounds for dismissal.

By signing this application I authorize the CYFA to conduct background checks including but not limited to a criminal background check, which may include but is not limited to criminal records and motor vehicle Driver Records, prior to accepting me for a volunteer coaching position. I understand this check may include but is not limited to investigation of all statements contained herein, all information concerning previous coaching assignments and any pertinent information they may have, personal or otherwise. I hereby release and indemnify all parties from all liability for any damage that may result from furnishing any information to the CYFA or its agents. I will execute any and all additional releases as necessary.

The volunteer position of Head Coach or Assistant Coach, is an appointed position upon the approval of the Executive Committee of the Cabot Youth Football Association, and any person approved and designated as such will hold that volunteer position for no definite period of time and may regardless of the date of approval of the volunteer position, be terminated at any time without prior notice for whatever reason(s) the Executive Committee deems necessary.

Signature of Volunteer Applicant: _____ Date: _____

Authorization for Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. We are unable to accept cash. If you feel that you should not have to pay this fee, please provide us with your proof or 501C3. Please allow 7-10 business days for processing. Please make sure all information is legible. All forms that are illegible will be returned.

This information should be addressed to:
Name of Person Making the Request: Cabot Youth Football Association, c/o Executive Committee
Company Name: Cabot Youth Football Association
Address: P.O. Box 1612 Cabot, Arkansas 72023
 (Include Post Office Box and Street Address)
Telephone Number: 501-212-1545

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)	Social Security Number
Maiden Name/Aliases	Race Age DOB
Child's Full Name, DOB, and Social Security Number	Child's Full Name, DOB, and Social Security Number
Child's Full Name, DOB, and Social Security Number	Child's Full Name, DOB, and Social Security Number
(Please provide the last ten (10) years)	
Present Address: From _____ to _____	From _____ to _____
_____	_____
_____	_____
_____	_____
From _____ to _____	From _____ to _____
_____	_____
_____	_____

Applicant's Signature

County of _____ State of Arkansas Acknowledges before me this ____ day of _____ 200____. My commission expires: _____

Notary Public