

Full Name:

Address:

City:



2/1/2008

La Porte Pop Warner Football & Cheer

2019 Football & Cheerleading Coach's Application

2/28/2014 Please answer the following questions to the best of your knowledge to help the association make the best selection of it's coaching staff as possible. Last Middle Initial First State: Zip:_____ Home Phone: Cell Phone#_____ E-Mail Address: Fax: _____ Head Coach Assistant Coach Team Parent 21 yrsor older 18 years or older 21 years or older Tiny Mite Jr MM MM Jr Pw PV Jr Mid Mid

Part I: [] Yes tball

I want to:

Division:

[] No Considering the large amount of time commitment required, do you feel that your family, job, etc. allows sufficient time to dedicate to

Challenger

Cheer

the program/team?

[]Yes Are you a certified coach or attended any coaching clinics? [] No

If Yes explain:

[]Yes

[] No Are you willing to attend manditory coaches clinics?

[] YES									
If Yes Please list below with References:									
Name Of Organization	Years:								
Address:	Phor	e:							
Name Of Organization	on:	Years:							
Address:	Phon								
Name Of Organization	on:	Years:							
Address:	Phon	e:							
[] YES [] [] YES []	NO Do you hold a valid CPR/ First aid card NO Do you have a child participating in the								
[] YES []	NO Have you ever been convicted of a fel-	Have you ever been convicted of a felony?							
[] YES []	NO Have you ever been suspended/discha	Have you ever been suspended/discharged from a coaching position?							
If yes expalin:									
[] Yes []	NO If you are selected as a coach, will you	agree to a background check?							
[] YES []	NO If you are selected as a coach, do you best of your ability to uphold, support a applicable to your position as a coach?	and enforce all rules							
[] YES []	NO Are you willing to take on all the respo for LaPorte Pop Warner?	nsibilities to become a coach							

PART II

1) FootBall/ Cheer background/Knowledge(Where did you aquire your knowledge)?
2) Coaching Philosophy (Describe your coaching philosophy)
3) If you are given the coaches position, what will be your accomplishments through the season and what resources will you use to help you meet your goals?

Part III

Head Coaches Requirements:

- > Active participation and attendence in all practices and games
- > Capable of interfacing with children on a multi age group
- >Sign abide by the LaPorte Pop Warner Coaches policy
- > Read, under stand and abide by all rules that pertain to Pop Warner
- > Understand the importance of professionalism in the program
- > Under stand the head coach is responsible for their assistant coaches, the team and the team's parents.

Assistant Coaches Requirements

- > Active participation and attendence in all practices and games
- > Capable of interfacing with children on a multi age group
- >Sign abide by the LaPorte Pop Warner Coaches policy
- > Read, under stand and abide by all rules that pertain to Pop Warner
- > Understand the importance of professionalism in the program
- > Under stand the head coach is responsible for their assistant coaches

Agreement and Knowledge: (Read Carefully before signing) All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, may result in my subsequent dismissal. I understand I must submit, and am required to pass a background check through a third party selected by La Porte Pop Warner.organization.I understand that La Porte Pop Warner may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause. I agree to all policies, procedures and direction given by La Porte PopWarner.							
[Agree to all terms stated above					
Signature		Date					





2019 Football & Cheerleading Coach's Application

2/1/2008 2/28/2014

Please answer the following questions to the best of your knowledge to help the association make the best selection of it's coaching staff as possible.

Full Name:								
			Last	Mic	ldle Initial	Fire	st	
Address:								
City:				Sta	te:	Zip	:	
Home Phone:		Cell Phone#						
E-Mail Address:					Fax: ₋			
I want to:			l Coach [sor older	Assistan 18 years		Team P		
Division:		Tiny tball	Mite	Jr MM	MMJr	Pw PV Challenge		Mid
Part I:								
[] Yes	[] No	feel that yo	nsidering the large amount of time commitment required, do you el that your family, job, etc. allows sufficient time to dedicate to e program/team?				
[]Yes	[] No	Are you a c	ertified coacl	n or attended	any coaching cl	linics?	
If Yes explain:								
[]Yes	 Г	1 No	Are vou wil	ling to attend	manditory co	paches clinics?		