



Volunteer Coach Application

Applicant's Information

Legal Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ Date of Birth: ____/____/____

State: _____ Zip: _____

Email address: _____ Shirt Size: _____

Position Volunteering for: Head Coach Assistant Coach

Program: Mites Football Peewee Football Youth Football

Do you have a child/children participating in any KKAYFA program this year? Yes No

If Yes, which program(s)? Mites Football Peewee Football Youth Football

Qualifications:

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

Please list all football experience, including playing, coaching, officiating and courses taken

(Please indicate if you have a current CPR and/or First Aid Certification):

Why do you want to be a volunteer coach and what positions do you feel comfortable coaching?

Have you ever been convicted of or plead guilty to any crime(s). Yes No

Are there any criminal charges pending against you, especially involving or against a minor? Yes No

Have you ever been refused participation in any other youth programs? Yes No

If you answered **Yes** to any of the above questions please explain:

Please provide 3 personal references, who are not relatives:

Reference Name 1: _____ Phone: _____

Reference Name 2: _____ Phone: _____

Reference Name 3; _____ Phone: _____

I, the undersigned, by execution of this document, grant the Kennebunk Kennebunkport Arundel Youth Football Association permission to conduct a background check regarding my qualifications to coach. This will include a review of sex offender registries, child abuse and criminal history records.

I understand that I have a right to obtain a copy of my background check report. I understand that, regardless of previous appointments, KKAYFA is not obligated to appoint me to any coaching/volunteer position in the future. I am subject to suspension and/or removal by the Board of Directors for violation of KKAYFA or Southern Maine Youth Football (SMYFL) By-Laws or Code of Conduct.

I also understand that this application is only good for one season.

I have read and understand the above statements and have truthfully completed this application.

Print Name: _____ Date: _____

Signature: _____

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

Please return your completed application and all attachments to:

Kennebunk Kennebunkport Arundel Youth Football Association
ATTN: Volunteer Coaching Committee
P.O. Box 83 / Kennebunk, ME 04043