

# Coaching Application 2008

## Upper Valley Grid Kid Football

Name	Social Security Number	Home Telephone
Birthdate	Business Telephone	Email address
Address	City	Zip Code

***I would like to be considered for coaching the following:***

Grade (5, 6, 7, or 8) \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_  
 Area Eagle Rock \_\_\_\_\_ Gale \_\_\_\_\_ Rocky Mountain \_\_\_\_\_ Sandcreek \_\_\_\_\_ Taylorview \_\_\_\_\_

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

***Previous Coaching Experience:***

Organization	Position	Years
Organization	Position	Years
Organization	Position	Years

***Employer:***

Company Name	Telephone
Address	City, St.
Normal Working Hours	Position

***References:***

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please explain the circumstances on the reverse side of this application.**

I understand that the Upper Valley Grid Kid Football Association is interested in providing a safe, wholesome experience for all youngsters participating in the football program. Accordingly, I hereby consent to the Upper Valley Grid Kid conducting a background reference check prior to accepting me for a coaching position. I understand that this check may include (but is not limited to) contacting the above references and employer as well as obtaining information about prior arrests and convictions from law enforcement agencies.

Signed	Date
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**On reverse side, please explain why you want to coach for Grid Kid Football -->**

Return to your Area Director, or other board member. You can also mail the applicaton to: P. O. Box 51613, Idaho Falls, ID 83402.