

GALT JR. WARRIORS - COACHING APPLICATION

Legal Name

Street

City State: CA Zip

Date of Birth Phone

Occupation

Email

FOOTBALL Head Coach: ☐ Assistant: ☐ Division: 8U 10U 12U 14U

CHEER Head Coach: ☐ Assistant: ☐ Division: 8U 10U 12U 14U

List your experiences as a coach: _____

Have you received any awards or honors that you'd like to mention? _____

How do you feel Galt Jr. Warriors would benefit from your involvement? _____

Would you be able to take this position like it was a job, own it, be professional at all times and put the best interest of the organization as a whole first?

Yes ☐

No ☐

Please check if you have a valid Certification for:

CPR? ☐

First Aid? ☐

Have you ever been convicted of a felony?

Yes ☐

No ☐

Are you subject to any civil restraining order or any type of civil action relating to child abuse?

Yes ☐

No ☐

If you answer yes, you will be asked for more documentation.

Are you willing to coach a team that your child is not participating on?

Y or N

Are you willing to participate with events/functions the Board implements?

Y or N

Do you understand that we view ourselves as a feeder program to the GHS football program and do our best to implement the same game play in which they teach with respect to age appropriate understanding? Y or N

I understand that my volunteer position with GJW is contingent upon my truthful completion of this application. I understand that GJW will obtain a criminal report that will visible only to the Executive Team. I understand that I may be immediately discharged for any misrepresentation on this form. I also understand that I will complete all required certifications by dates required.

Check this box, if you agree to the above statement.

☐

(Signature)

Date

Scan/take picture and email to: galtjrwarriorsfootballncheer@gmail.com