



**SANTA CRUZ POP WARNER FOOTBALL & CHEER
COACHES/TEAM MANAGER APPLICATION - 2012
SEASON**



FULL NAME				DATE OF BIRTH		AGE	
ADDRESS				CITY		ZIP	
EMAIL (H)			EMAIL (W)				
PHONE (H)			PHONE (W)			PHONE (C)	
EMPLOYER			OCCUPATION			EMPLOYER PHONE	
EMPLOYER ADDRESS					CITY		
DRIVERS LICENSE NUMBER				STATE		EXPIRATION DATE	
SSN #	<p align="center">ONCE APPROVED, YOU WILL NEED TO PROVIDE THE FOLLOWING: <input type="checkbox"/> Copy of Drivers License <input type="checkbox"/> Life Scan Form <input type="checkbox"/> Volunteer Affidavit Form</p>						

APPLYING FOR: HEAD COACH ASSISTANT COACH
TYPE OF ACTIVITY: FOOTBALL CHEER TEAM MANAGER
LEVEL: Tiny Mite Mighty Mite Junior Pee Wee
 Pee Wee Junior Midget Midget

Do you have a Child participating in the Santa Cruz Pop Warner program? YES/ NO
If YES, name of Child: _____

Is it your intention to coach or be a team manager with your child or at another level?
 Same Level Level Below Level Above It doesn't matter

Have you ever played football or cheered before? YES NO If YES, when and how long?

What is your Coaching/Team Manager Background and Philosophy?

Other Coaching/Team Manager Experiences:

Reason you are applying for a Santa Cruz Pop Warner Coaching/Team Manager position:

Convicted of a felony? **YES NO** If YES: Date: _____ Location:

Convicted of any crime either against, in concert with, or involving a child? **YES NO**

If YES: Date: _____ Location: _____ Case # _____ Court: _____

Other than the previous felony question(s), is there any **FACT** or **CIRCUMSTANCE** involving your background that would call into question you being trusted with the supervision, guidance and care of minor children?

YES NO

If YES, explain:

Please rate the following: (1 = lowest; 5 = highest)

Your knowledge of the current National Pop Warner football/cheer rules	1	2	3	4	5
Your knowledge of Santa Cruz Pop Warner policies & procedures	1	2	3	4	5
Your knowledge of the PW rules RE: Minimum Play Requirements	1	2	3	4	5
The importance of winning	1	2	3	4	5
The importance of good sportsmanship	1	2	3	4	5
The importance of teaching football/cheer fundamentals, technique, and safety	1	2	3	4	5
The importance of shaping acceptable behavior patterns regardless of win or loss	1	2	3	4	5
The importance of academic achievement and growth	1	2	3	4	5
Willingness to make certain that all administrative coaching responsibilities are completed ON TIME	1	2	3	4	5

If approved as a Coach/Team Mngr, I understand that I will be required to attend all Coaches/Team Mngr Clinics, a Rules Clinic and I must be CPR Certified or have, at every practice, an individual who is so certified before I can begin physically working with the team. I further agree that, if approved as a Coach/Team Mangr, I am responsible for knowing, understanding, communicating and abiding by the "Coaches Code of Conduct" as set forth in National Pop Warner Rules and Santa Cruz Pop Warner Rules.

Initials:

The information that I have provided may be verified, if necessary, by obtaining a background check and/or contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless any person or organization that provides additional information. I also agree to hold harmless Santa Cruz Pop Warner, their Board of Directors and agents thereof and any person or organization that provides information and/or is involved in the decision making process.

Initials:

There is a lot of time put into these types of programs. You must understand that at Santa Cruz Pop Warner, we expect that all Head & Assistant Coaches attend all board meetings, clinics, and to participate in all Pop Warner fundraisers. Head Coaches must have a final list of assistant coaches by April 30, 2012. We also require a mandatory fingerprinting of all coaches by June 15, 2012. Coaches are responsible for their own fingerprinting service fee. Each coach will be reviewed by the Executive Board before they are allowed to coach.

In signing this application, under penalty of perjury, I affirm that the information I have given is true and correct. I have read the above and understand my responsibility as a Coach and recognize that I may **or** may not be chosen to coach this season.

Signature of Applicant _____ Date _____

Application for Head Coach must be received by March 8, 2012 – For Assistant Coach/Team Mager by April 20, 2012

Athletic Director _____ Approved _____ Disapproved

EXECUTIVE BOARD _____ Approved _____ Disapproved