



**SANTA CRUZ POP WARNER FOOTBALL & CHEER  
COACHES APPLICATION - 2008 SEASON  
(confidential)**



<b>FULL NAME</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	
<b>ADDRESS</b>				<b>CITY</b>		<b>ZIP</b>	
<b>EMAIL (H)</b>			<b>EMAIL (W)</b>				
<b>PHONE (H)</b>		<b>PHONE (W)</b>		<b>PHONE (C)</b>			
<b>EMPLOYER</b>		<b>OCCUPATION</b>		<b>EMPLOYER PHONE</b>			
<b>EMPLOYER ADDRESS</b>				<b>CITY</b>			
<b>DRIVERS LICENSE NUMBER</b>		<b>STATE</b>		<b>EXPIRATION DATE</b>			
<b>LAST 4 DIGITS OF SSN #</b>	<b>ONCE APPROVED, YOU WILL NEED TO PROVIDE THE FOLLOWING:</b> <input type="checkbox"/> Copy of Drivers License <input type="checkbox"/> Life Scan Form <input type="checkbox"/> Volunteer Affidavit Form						

- APPLYING FOR:**                     HEAD COACH                     ASSISTANT COACH
- TYPE OF ACTIVITY:**            FOOTBALL                     CHEER
- 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

Is it your intention to coach with your child or at another level?

Same Level                     Level Below                     Level Above                     It doesn't matter

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

**What is your Coaching Background and Philosophy:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Coaching Experiences:**

\_\_\_\_\_

\_\_\_\_\_

**Reason you are applying for a Santa Cruz Pop Warner Coaching 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 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, I understand that I will be required to attend all Coaches 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, I am responsible for knowing, understanding, communicating and abiding by the "Coaches Code of Conduct" as set forth with 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 request 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, 2008. We also require a mandatory fingerprinting of all coaches by July 1, 2008. Coaches are responsible for their own fingerprinting service fee. Each coach will be reviewed 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 15, 2008 – For Assistant Coach by April 30, 2008

Athletic Director \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Board of Directors \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved