

Escalon Outlaws Youth Football & Cheer
P.O. BOX 326
Escalon, CA. 95320

FOOTBALL COACH APPLICATION

Head Coach Assistant Coach Junior Coach
APPLICANT INFORMATION

LAST NAME	FIRST NAME	PHONE (HOME)
MAILING ADDRESS		PHONE (CELL)
CITY, STATE, ZIP CODE		EMAIL ADDRESS

Personal Playing Experience Youth/Pop Warner High School College Professional

Knowledge Coached in Another Program Coached in Outlaws Program First Year Coach

Division Jr. Novice Novice JV Varsity

Specialty

<input type="checkbox"/>	Defensive Line Coach	<input type="checkbox"/>	Offensive Line Coach
<input type="checkbox"/>	Defensive Linebacker Coach	<input type="checkbox"/>	Offensive Backfield Coach
<input type="checkbox"/>	Defensive Back Coach	<input type="checkbox"/>	Offensive Receiver Coach
<input type="checkbox"/>	Special Teams	<input type="checkbox"/>	Other: _____

Name(s)/Ages of Child(ren) in Organization: _____

Have you ever been convicted of or pleaded guilty to any crime(s)? YES NO
If yes, please describe each in full: _____

Have you ever been denied/dismissed from participating in any other youth programs? YES NO
If yes, please describe each in full: _____

Do you have any special training, skills or techniques that you feel could be beneficial to our program? YES NO
Please Describe: _____

Do you have any prior experience in coaching youth sports? YES NO
If yes, please describe each in full: _____

What best describes your general coaching philosophy?

Please list two references that may be contacted if necessary: Name & Number: _____ Name & Number: _____

Applicant Signature: _____ Board Approval: _____