



Carson City Pop Warner Coaches Application



Football
Cheer

Position applying for: Head Coach Assistant Coach
 Other: _____

Division and team you wish to coach this season: _____

Name: _____ Phone #: _____

Address: _____ City/Zip: _____

E-Mail: _____ Birthday: _____

Are you First Aid & CPR Certified: YES NO If yes, Expiration Date: _____

Have you coached for CCPW in the past? YES NO If yes, Which Season: _____

Please list position(s), team(s), and division(s): _____

Have you ever served on the board of directors for youth sports? YES NO

If yes, which sport/league: _____

Please list three (3) personal references not related to you:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Please state the reason you would like to coach for CCPW:

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

I have read the Bylaws and Standard Operating Procedures for Carson City Pop Warner and agree to abide by all National, Regional and League rules. I will fulfill my duties as outlined and provide any assistance to the board that is needed. I understand that if selected as a coach I will be required to submit to a background check. All statements made on this application are true to the best of my knowledge.

Signature: Sara Eklund Date: _____

Note: This application will be kept confidential and used by CCPW Board Members only.

CCPW BOARD USE ONLY:

Assigned Team: _____

Application Accepted: YES NO

Date: _____