

NORTON YOUTH FOOTBALL & CHEER ASSOC. INC.
BOARD & COACHING POSITION APPLICATION

Name: _____

Date of Application: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Employer: _____

E-mail: _____

Position applying for: (include grade/division if coach or advisor)

BOARD: _____ COACH: _____ CHEER PARENT ADVISOR: _____

If Coaching: Interest in Head Coaching Position: YES () NO ()

Do you have kids in the program or going to be in the future? YES () NO ()

What program and grade are they in (Cheerleading, tackle, or flag)?: _____

Length of time you anticipate to be in the position you are applying for: _____

Please describe your previous experience with youth sports programs and/or non-profit organizations:

Can you anticipate any conflicts with scheduled games or practices for the season?: _____

All Board Members, Coaches and Cheer Advisors are subject to passing an NCSI background check for the safety of our children. Have you ever been convicted of a felony?

YES () NO () If YES, please explain: _____

Is there any other information we should know, or questions you have regarding the position you are applying for?

NORTON YOUTH FOOTBALL & CHEER ASSOC. INC.

BOARD & COACHING POSITION APPLICATION

Please List 3 Personal References

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

For Board Positions ONLY. *Only complete this section if you are applying for a Board Position.*

Board meetings are held at least once a month (usually Sundays @ 6P), will you be able to attend?

YES () NO () Please explain: _____

Board Members are expected to work at all home games, which is typically all day. Will you be able to?

YES () NO () If No, please explain: _____

Part of Board Member duties are to support all NYFA functions (fundraisers, banquets, cheer tryouts, etc.). Do you feel you can contribute your time to these functions?

YES () NO () If No, please explain: _____

Thank you very much for your willingness to support Norton Youth Football & Cheer. We appreciate your time in completing this application.

By signing this document, I declare the above information to be truthful and agree to have a background check and a Meagan's Law website search performed, and to be fingerprinted. I also agree to any other action deemed necessary by the Board of Directors of the organization for the safety, protection and well-being of the children. I also understand that I am not guaranteed a Board position within the organization and I must agree to be interviewed by the Executive Board of Directors. I will also attend any mandatory meetings or clinics for Board members and understand that my position on the Board may be revoked if I do not attend. I understand that incomplete applications may be eliminated from consideration.

Your Signature: _____

Date received by NYFA Board: _____ Received by: _____ Reviewed on: _____