

**Head Coach Application**  
Elk River Youth Football Association

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you CPR & First Aid Certified?  Yes  No

Will you be coaching your child this season?  Yes  No

Name of participant? \_\_\_\_\_

Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character or ability as a prospective coach for Elk River Youth Football Association?  Yes  No

If yes and you would like to explain, use a separate sheet of paper.

Name your assistant coaches: \_\_\_\_\_

Which team (grade) are you requesting to coach? \_\_\_\_\_

Experience in coaching youth football:

Team: _____	Year: _____	Coaching Position: _____
Team: _____	Year: _____	Coaching Position: _____
Team: _____	Year: _____	Coaching Position: _____
Team: _____	Year: _____	Coaching Position: _____
Team: _____	Year: _____	Coaching Position: _____

Experience in other youth programs:

Team: _____	Year: _____	Coaching Position: _____
Team: _____	Year: _____	Coaching Position: _____
Team: _____	Year: _____	Coaching Position: _____
Team: _____	Year: _____	Coaching Position: _____
Team: _____	Year: _____	Coaching Position: _____

Please answer the following questions to the best of your ability.

1. What is your personal coaching philosophy?

2. How would you handle an injured player?

3. Do you feel it is more important to win a game or to give the association players equal playing time?

4. How would you handle a parent's complaint regarding playing time?

5. Are you able to communicate with the parent's?  Yes  No

6. Do you agree to abide by the rules and requests set forth by the ERYF Association in regards to coaches conduct and participation in ERYF events?  Yes  No

Agreement:  
(please initial)

\_\_\_\_\_

I understand that my approval as a head coach is conditional upon the following  
(1) That no information is in my background check that may make me an inappropriate candidate for participation in Elk River Youth Football.

\_\_\_\_\_

I understand that I may not be chosen for a head coaching position.

\_\_\_\_\_

I understand that my application for a head coach position will be reviewed by the Elk River Football Association. The final decision will be made by the Elk River Football Association interviewing team.

\_\_\_\_\_

I agree to abide by all of the codes of conduct, rules and policies as set forth by and not limited to Elk River Youth Football Association.

\_\_\_\_\_

I understand that if I choose not to abide by the coaches conduct sheet provided by the ERYF association I will be asked to step down as a Elk River Youth Football Coach and that I will have to name one of my assistant coaches as my replacement coach.

\_\_\_\_\_

I understand and accept that despite prior participation in the Elk River Youth Football Association, the Board is not obligated to approve me for a coaching position.

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be the cause for rejection of this application or discharge from Elk River Youth Football Association. I hereby authorize Elk River Youth Football Association to conduct an investigation into my background history to verify the above information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete application and mail to P.O. Box 570, Elk River, MN 55330. If you are completing this application on line you do not need to mail it in.

For official use only: \_\_\_\_\_ Favorable \_\_\_\_\_ Neutral \_\_\_\_\_ Unfavorable