



# 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: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

First Aid & CPR Certified:  Yes  No

Expiration date: \_\_\_\_\_

Have you coached for CCPW in the past?  Yes  No Which seasons: \_\_\_\_\_

Please list position(s), team(s), and division(s): \_\_\_\_\_

Have you ever served on the board of directors for youth sports?  Yes  No Sport: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please state reason for applying:

**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: \_\_\_\_\_

Date: \_\_\_\_\_

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

**CCPW BOARD USE ONLY:**

Application Accepted:  Yes  No

Assigned Team: \_\_\_\_\_

Date: \_\_\_\_\_