

Charlton Dudley Youth Football and Cheer

P.O. Box 725, Charlton, MA 01507
cdyfcrams@gmail.com www.cdrams.com

2020 Football & Cheerleading Coach Application

Full Name: _____

Address: _____
Last Middle Initial First

City: _____ State: _____ Zip: _____

Phone #: Day: _____ e-mail: _____

Coaching Experience: (attach a coaching resume listing, level of coaching, dates, places & sponsoring organization along with any references.)

Qualifications/accomplishments: (please list any special certificates, etc.)

Football

Head Coach (21 years or older) []
Asst Coach (18 years or older) []

Cheerleading

Head Coach (21 years or older) []
Asst Coach (18 years or older) []

Team: circle one

K/1 Flex 2/3 Flex Mighty Mites 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

U6 Cheer U8 Cheer U10 Cheer U14 Cheer

Head Coach Requirements

- Active participation and attendance in all practices, and games.
- ~~Active participation in all other CDYFC related activities.~~
- Expected to work for the betterment of the program on a whole.
- Capable of interfacing with children on a multi-age level.
- Sign and abide by Coaches Code of Conduct
- CPR and First Aid Certification
- Must Attend Mandatory Coaching Clinics
- Approved CORI report

I _____ agree to all the terms stated above.

Signature _____ Date _____

Assistant Coach Requirements

- Active participation and attendance in all practices, and games.
- ~~Active participation in all other CDYFC related activities.~~
- Expected to work for the betterment of the program on a whole.
- Capable of interfacing with children on a multi-age level.
- ~~Sign and abide by Coaches Code of Conduct~~
- Must Attend Mandatory Coaching Clinics
- Approved CORI report

I _____ agree to all the terms stated above.

Signature _____ Date _____

*Anyone wishing to be considered for a position with CDYFC must complete these forms yearly, (NO MATTER HOW MANY YEARS IN THE PROGRAM) before consideration. Anyone applying for a position will be subject to a Criminal Record Check.

SUBJECT INFORMATION (a red asterisk * denotes a required field)

*LAST NAME *FIRST NAME MIDDLE NAME SUFFIX

MAIDEN NAME (or other name(s) of which you've been known)

* DATE OF BIRTH

PLACE OF BIRTH

*LAST SIX DIGITS OF YOUR SOCIAL SECURITY ____ - ____

SEX: ____ HEIGHT ____ ft ____ in. EYE COLOR ____ RACE ____

Driver's License or ID Number _____ State of issue _____

MOTHERS MAIDEN NAME

FATHERS FULL NAME

CURRENT AND FORMER ADDRESS

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification :

Verified by : _____

Name of Verifying Official (please print)

Signature of Official