

# Canyon Lake Hawks Youth Football Association Volunteer Coach Application



## Canyon Lake Hawks Youth Football Association Coach's Mission:

It is the purpose of the Canyon Lake Hawks Youth Football Association (CLHYF) to encourage the healthy growth and development of our youth as they learn the fundamentals of football and cheerleading. It shall be the purpose of all CLHYF coaches to foster the highest standards of citizenship in the community by all members of the program. They shall provide a safe and positive environment to encourage the growth and development of each student athlete to the best of their ability. They must always reinforce the positive aspects of athletic participation such as having fun, safety, teamwork, and sportsmanship.

## Please Read All Terms and Conditions Carefully:

CLHYF will not discriminate against any person(s) seeking the opportunity to volunteer and participate in any capacity on the basis of race, creed, color, natural origin, marital status, gender, sexual orientation, or disability.

## Purpose:

This form allows the CLHYF Board to follow a regimented process for the review and selection of volunteers to fill Head Coach and Assistant Coach positions within CLHYF for the upcoming season. Having prior coaching or volunteer experience at any level is not a requirement for application with CLHYF. Prior to any individual being appointed as a Coach they must submit a completed application, agree to a background check/investigation and interview with the selection committee.

## Privacy Policy:

CLHYF collects information from coaching applicants for the purposes of determining eligibility and suitability and to conduct background investigations necessary to ensure the safety of our participants. We will not collect any information that is not reasonably necessary to participate in this program. Except for the information necessary to conduct background investigations or when legally required, we will not disclose applicant information to any third party.

## Instructions:

Please fill out ALL information requested and email completed form to VP of Athletics. No person shall be considered for any position within the CLHYF coaching staff until a completed application is submitted and approved by the CLHYF Board. Also, by volunteering your time and by signing this document you agree to follow all rules and regulations as set forth by the league and understand that failure to comply with all rules can result in termination as a volunteer coach. All applications are subject to review and approval by the CLHYF Board.

## Inquiries and Submittal:

Please direct all inquiries and completed applications to the VP of Athletics, by email to Gilead Ziemba at [g.ziemba@yahoo.com](mailto:g.ziemba@yahoo.com).

## CLHYF Volunteer Coach Application Form

(All fields must be complete to be considered for a volunteer position.)

### Applicant's Information:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

CPR/First Aid Certified? If yes, Card Level/Title: \_\_\_\_\_ Expires: \_\_\_\_\_

Please list any children participating in CLHYF (Names and Ages):  
\_\_\_\_\_

Position volunteering for (please check all that apply):

Head Football Coach  Assistant Football Coach  Head Cheer Coach  Assistant Cheer Coach

Board Member  Team Mom  First Aid/CPR  Volunteer Where Needed

For football coach applicants, please select age level you are interested in coaching:

Flag kinder  Freshman 1st/2nd grade  JV 3rd/4th grade  Varsity 5th/6th grade

### Qualifications:

Do you have flag/tackle football or cheer coaching experience?  Yes  No If yes:

Position: \_\_\_\_\_ League: \_\_\_\_\_ Age Group: \_\_\_\_\_ Year: \_\_\_\_\_

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Additional Information (optional): \_\_\_\_\_

Have you participated in football or cheer yourself?  Yes  No If yes:

Please list experience: \_\_\_\_\_

Please describe any experience you may have coaching other sports:  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a volunteer coach for CLHYF? \_\_\_\_\_

**Personal References:**

Please provide at least three personal references who are not relatives.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Affiliation: \_\_\_\_\_

*Please feel free to include with this application letters of recommendation from any references.*

**Background Check:**

As a condition of volunteering, I give permission for CLHYF to conduct a background check on me, which may include a review of sex offender registries, child abuse, and criminal history records. I understand that, if appointed, my position is conditional upon CLHYF receiving no information of inappropriateness in my background. I hereby release and agree to hold harmless from liability the CLHYF Board, volunteers, and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, CLHYF is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term, if I violate any CLHYF policies or principles as outlined in the [Bylaws](#), [Coaches Code of Conduct](#), or undertake any activity that is deemed by the Board not to be in the best interest of our student athletes or the organization’s programs I will be subject to disciplinary action, suspension, or removal by the CLHYF Board, in accordance with our policies.

I hereby certify that the information provided above is true and accurate, to the best of my knowledge, and that misrepresentation of information on this form is grounds for immediate disqualification or removal from a volunteer position:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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