



# Framingham Youth Football and Cheering

P.O. Box 2571, Framingham, MA 01703  
Email: football@framinghamyouthfootball-cheering.org  
cheering@framinghamyouthfootball-cheering.org  
Phone: 508-774-279-9220 – please leave a message  
Website: www.framinghamyouthfootball-cheering.org

**Instructions:** Please print legibly in either blue or black ink. Please fill in all the blanks and provide any additional information on the back of this page. Mail the completed application to the PO Box by **February 29, 2008**, or hand deliver to any FYFC Trustee. Applications will be reviewed as they arrive. Head Coaching positions are planned to be awarded in April.

## 2008 FYFC Coaching Application Football Cheering

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MA ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Circle best phone  
Email 1: \_\_\_\_\_ Email2: \_\_\_\_\_

It is our obligation to provide the most experienced football and cheering coaches for the benefit of the participants, in accordance with both the FYFC and National AYF Mission. In doing so, Head Coaches (one for each Team), will be chosen by the Trustees. Once approved, Head Coaches will then recommend their (up to 4) assistant coaches, which must then be approved by the Trustees. All Coaches will require some level of certification or equivalent experience to Coach in this Program. Winning is secondary to the health, safety, physical and emotional well-being of (all) the children.

Coaching Experience: Years: \_\_\_\_\_ List Teams: \_\_\_\_\_ (finish on back)  
Certifications or Training: \_\_\_\_\_ (finish on back)  
Why do you want to coach? \_\_\_\_\_  
\_\_\_\_\_ (finish on back)

Apply for:  Head Coach  Assistant  Equipment Manager  Team Parent > Level:  E  D  -C  B  A  
Child in program:  Yes  No Age: \_\_\_\_ Weight: \_\_\_\_ lbs Child's Position(s)\_\_\_\_ Skill Level:  High  Med  Low  
Your Coaching Philosophy: \_\_\_\_\_  
\_\_\_\_\_ (finish on back)

Reference 1: Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reference 2: Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reference 3: Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this application, I agree to abide by all AYF and FYFC policies, procedures, rules and regulations. I further agree to allow any criminal background check on my person and give my consent to contact the References above regarding this application. I fully acknowledge that I **will not** represent FYFC or enter into any transaction in the name of FYFC without the expressed written consent of the FYFC Trustees, and acknowledge that if I do, I alone will bear full financial and/or criminal responsibilities for such actions and will not hold FYFC liable. I also claim that the information I have provided here is true to the best of my knowledge and that I fully understand the commitment and responsibilities of performing my coaching duties.

**Applicant's Signature:** \_\_\_\_\_ **Date Sent to PO Box:** \_\_\_\_/\_\_\_\_/2008

### FYFC Official Use Only Date Received: \_\_\_\_/\_\_\_\_/2008

Approved:  Yes  No > Why no?  
\_\_\_\_\_

Approved as:  Head  Assistant  Equipment Manager  Team Parent > Level:  MM-E  JP-D  PW-C  JM-B Date: \_\_\_\_/\_\_\_\_/2008  
Qualifications:  Background Check  Ref 1  Ref 2  Ref 3  Certifications  EE  First Aid  CPR > Records filed on: \_\_\_\_/\_\_\_\_/2008  
Notes: