

Bryan Youth Football Association  
**Volunteer Football Coach Application Form**

**Bryan Youth Football Coaches' Mission**

It is the purpose of the Bryan Youth Football Association (BYFA) to encourage the healthy growth and development of our youth as they learn the fundamentals of tackle football. It shall be the purpose of all BYFA 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, building camaraderie, teamwork, and sportsmanship.

**Please Read All Terms and Conditions Carefully**

The Bryan Youth Football Association 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 BYFA Football Board to follow a regimented process for the review and selection of volunteers to fill Head Coach and Assistant Coach positions within BYFA for the upcoming 2018 season. Having prior coaching or volunteer experience at any level is not a requirement for application with Bryan Youth Football. Prior to any individual being appointed as a BYFA Football Coach they must submit a completed application, agree to a background check/investigation and be prepared to interview with the Bryan Youth Football Board if needed.

**Privacy Policy:** BYFA collects information from coaching applicants for the purposes of determining eligibility and suitability and to conduct background investigations necessary to insure 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, we will not disclose applicant information to any third party.

**Instructions:** Please fill out ALL information requested. No person shall be considered for any position within the BYFA Football coaching staff until a completed application is submitted and approved by the BYFA Football Board. Also, by volunteering you agree to follow all rules and regulations as set forth by BYFA Football Board 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 BYFA Football Board.

**Inquiries:** Please direct all inquiries about this application to Desmond Harris at:  
[bryanyouthfootball@gmail.com](mailto:bryanyouthfootball@gmail.com)

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**APPLICANT'S INFORMATION**

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Personal Email: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

CPR and/or First Aid certified? \_\_\_\_\_

If yes, Card level/Title: \_\_\_\_\_

*Please provide a photocopy of your card with this application.*

Please list any children you have playing in BY FOOTBALL:

Child's name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Position Volunteering for (please circle one):

***Head Coach***

***Assistant Coach***

Age Group (please circle one):

*Sophomore team*

*Junior Varsity team*

*Varsity team*

MIDDLE SCHOOL (please circle one):

*11yr old team*

*12yr old team*

*8<sup>th</sup> Grade Team*

*(ANY Age)*

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**QUALIFICATIONS**

Football Coaches: Do you have tackle football coaching experience? **Yes / No**

Please list the three most recent tackle Football coaching positions you have held:

From: \_\_\_\_\_ To: \_\_\_\_\_ Age Group: \_\_\_\_\_

Organization/Location: \_\_\_\_\_

Position: Head Coach / Assistant Coach / Other (please explain)

Additional info (optional): \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Age Group: \_\_\_\_\_

Organization/Location: \_\_\_\_\_

Position: Head Coach / Assistant Coach / Other (please explain)

Additional info (optional): \_\_\_\_\_

\_\_\_\_\_

Have you played football? Yes / No

If yes, please list experience: \_\_\_\_\_

\_\_\_\_\_

Have you officiated football? Yes / No

If yes, please list experience: \_\_\_\_\_

\_\_\_\_\_

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

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

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**PERSONAL REFERENCES**

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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**BACKGROUND CHECK**

Have you ever been refused participation in any youth sports organization? **Yes / No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? **Yes / No**

Did the conviction deal with a minor? **Yes / No**

As a condition of volunteering, I give permission for BYFA 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 BYFA receiving no information of inappropriateness in my background. I hereby release and agree to hold harmless from liability the BYFA officers, volunteers, and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, BYFA 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 BYFA policies or principles as outlined in the Coaches Conduct / bylaws, or undertake any activity that is deemed by the Board not to be in the best interest of our student athletes or the organization programs, I will be subject to suspension and removal by the BYFA Football Board.

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

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Please return your completed application and background consent form  
to: Bryan Youth Football Association