



## 2007 Football Coaching Application

\_\_\_\_\_ **Head Coach**    \_\_\_\_\_ **Assistant Coach**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

SS# \_\_\_\_\_ Occupation: \_\_\_\_\_

Children Playing at VAA? Yes No

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Do you have any medical condition that may affect your ability to coach? (If so, please describe:

\_\_\_\_\_

Why would you like to Coach at Varina?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your main objectives as a youth football coach?

\_\_\_\_\_

\_\_\_\_\_

Have you ever played football? Yes No    Number of years played: \_\_\_\_\_

Positions played: \_\_\_\_\_

Where did you play: \_\_\_\_\_

Have you ever coached football: Yes No    How many years: \_\_\_\_\_

Teams you have coached (please indicate Head Coach / Ass't Coach / Position Coach):

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Have you ever had formal training as a coach? If Yes, please describe:

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Please rate your knowledge of the following topics with regard to Football by using a scale of 1 to 5, where **1 = "I know very little about it"** and **5 = "I know a great deal about it"**.

<input type="checkbox"/> Skills and strategies	<input type="checkbox"/> Injury prevention and treatment
<input type="checkbox"/> Developing sportsmanship	<input type="checkbox"/> Principles for teaching football skills to children
<input type="checkbox"/> Rules of youth football	<input type="checkbox"/> Developing a game plan
<input type="checkbox"/> Communication skills	<input type="checkbox"/> Being a role model
<input type="checkbox"/> Organizing practices	<input type="checkbox"/> Time management
<input type="checkbox"/> Warm-up and physical conditioning techniques	<input type="checkbox"/> Teaching fundamental blocking techniques
<input type="checkbox"/> Conduct character development activities	<input type="checkbox"/> Teaching proper ball carrying techniques
<input type="checkbox"/> Equipment needs and specifications	
<input type="checkbox"/> Working with parents	

*I understand that my signature on this form signifies my willingness to abide by all rules and policies of Varina Athletics and its Football Council. I also grant permission to the Varina Athletics to perform a background search, which may include a criminal and civil investigation report, to determine my suitability as a coach. I understand that my completion of this application does not imply that I will be accepted for a coaching position. If selected as a coach, I agree to attend all team practices and games, as well as such meetings and clinics required by the Football Council.*

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

**To be filled out by VAA:**

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Action of Council: \_\_\_\_\_

**PLEASE FILL OUT AND RETURN WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE TO:  
ATTN: PLAYER AGENT, Varina Athletics, 8087 Recreation Road, Richmond, Va 23231**