Bixby Youth Football

Bixby Youth Football Coach's Application

NOTE: The position of head coach or assistant coach, cheerleading, or team mom is an appointed position by the Board of Director of the Bixby Youth Football and Cheerleading Associations. Persons approved and designated as such will hold that position for an indefinite period of time. Regardless of the date of approval of position, the appointee may be terminated at any time without prior notice for whatever reason(s) the BYFA Board of Directors and/or its authorized agent deem necessary.

Date:_____ POSITION APPLYING (circle one): Head Coach Assistant Coach
Grade to Coach:_____ Team Color/Name:_____

Name (Print)_____ _____ _____
First Middle (full name) Last - Maiden
Social Security Number:_____ - _____ - _____ SX:_____ D/O/B:_____
Current Street Address:_____
City:_____ State:_____ Zip:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____
Email Address:_____
Place of Employment:_____
Spouse:_____

Name, Age & Activity of Children Enrolled in the Bixby Youth Football Association:_____
_____
_____

Have you been convicted of a felony? (circle one) Yes No
If yes, please state for each said conviction, the date of conviction, the offense of which you were convicted and the County in which you were convicted._____
_____
_____

Please state in detail your prior experience that would benefit and assist you in performing your duties and activities for which this application is made:_____
_____
_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if approved, falsified statements will be grounds for dismissal. I authorize BYFA and/or its authorized agent to investigate any and all statements and information contained within concerning previous coaching assignments and/or any pertinent information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you". Applicants Initials:_____

By signing below, I certify that prior to signing, I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, my acceptance as a volunteer, or my eligibility for promotion. In addition, I hereby authorize and request any former employer, law enforcement agency either City, State, County and Federal and Court to furnish bearer with any and all information in their possession regarding me in connection with this application.

Applicant Signature:_____ Date:_____