



## MILL CREEK YOUTH FOOTBALL LEAGUE

### MCYFL COACHES APPLICATION

Email this completed form to; [MCYFLPresident@Gmail.com](mailto:MCYFLPresident@Gmail.com)

Position you are applying for: \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Head Coach

Division you are requesting to coach in:

\_\_\_\_\_ Pee Wee \_\_\_\_\_ 89<sup>er</sup> \_\_\_\_\_ Junior \_\_\_\_\_ Bantam \_\_\_\_\_ Senior

Contact Information:

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Address \_\_\_\_\_

Phone (work): \_\_\_\_\_

\_\_\_\_\_

Phone (cell): \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

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

Are you a returning MCYFL Coach: \_\_\_\_\_ Yes \_\_\_\_\_ No If 'Yes', which team \_\_\_\_\_

Have you previously coached youth football: \_\_\_\_\_ Yes \_\_\_\_\_ No # of years as Head Coach \_\_\_\_\_ Assistant \_\_\_\_\_

Where did you previously coach? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Have you ever coached other youth sports? \_\_\_\_\_ Yes \_\_\_\_\_ No # of years as Head Coach \_\_\_\_\_ Assistant \_\_\_\_\_

List Sports: \_\_\_\_\_

Have you ever been ejected or suspended from a youth sports game? \_\_\_\_\_ Yes \_\_\_\_\_ No

If 'Yes', please give the details: \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ Yes \_\_\_\_\_ No First Aid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to certify? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you volunteering to coach your own child? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other / Relative

Reason(s) to Coach in MCYFL: \_\_\_\_\_



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Other qualifications to coach in MCYFL: \_\_\_\_\_

What would be reasonable behavior as coach when an official makes what you perceive to be a bad call? \_\_\_\_\_

The MCYFL does not tolerate profanity of any kind from its players, coaches and spectators. Are you able to meet this expectation as a coach in our program?

### References:

1. _____	Phone #: (____) _____ - _____
2. _____	Phone #: (____) _____ - _____
3. _____	Phone #: (____) _____ - _____

**WSP Criminal Background Check:** ALL of the following information is required and will be used by MCYFL to conduct a personal background check with Washington State Patrol.

Alias / Maiden Name(s), if any: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

Have you ever had findings made against you in any civil adjudicative proceeding? \_\_\_\_ Yes \_\_\_\_ No

Have you ever had both a conviction and findings made against you? \_\_\_\_ Yes \_\_\_\_ No

***All Coaches (Head and Assistant) will be required to submit to a background check with the MCYFL. Results will remain confidential. I hereby acknowledge that I have been advised that a background check will be made under the Child/Adult Abuse Information ACT.***

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

MCYFL Use Only:

Checked By: \_\_\_\_\_ Date Checked: \_\_\_\_\_

WSP Validation #: \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_ Rejected \_\_\_\_ Additional Information Required