



# NORTH HILLS YOUTH FOOTBALL ASSOCIATION



*The Tradition Starts Here!*

## COACHING APPLICATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Marital Status: Married  Single

Children: Yes  No

Have you participated in organized football? Yes  No

If Yes, where & when? \_\_\_\_\_

In what capacity? Coach  Player  Trainer  Other  \_\_\_\_\_

Total number of year's experience: \_\_\_\_\_ Team: \_\_\_\_\_

State your reason for wanting to coach a youth football team:

---

---

How much time are you willing, or able, to spend coaching:

---

---

If you have any comments that might be beneficial to us, please state:

---

---

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

Please attach your current Act 33/34 clearances to this application. If you do not have Act 33/34 clearances, or need to renew it, applications are made available online through the NHYFA. **All coaching applicants are required to submit clearances before application consideration by board members.**