



FOOTBALL HEAD COACH APPLICATION 2022 Season

(All information provided is confidential)

Division: _____

Name: _____ **E-Mail:** _____

Address: _____

Phone: _____

Football Coaching Philosophy:

Have you coached PC Dolphin Football? _____ **Years Coached** _____

What level and what capacity (Head, Assistant)? _____

Have you coached in other youth football leagues? _____ **Years Coached** _____

What level and what capacity (head, assistant)? _____

Other Sports Coaches what league capacity? _____

Why are you applying for this position?

Please list two personal references (no relatives or other coach applicants)

Name: _____ **Ph#** _____ **Yrs known** _____

Name: _____ **Ph#** _____ **Yrs known** _____

Please Rate the following: (5 being Highest)

- Your knowledge of the Pop Warner Rule book
- Your knowledge of the Pop Warner/ TCFC rules regarding minimum play counts/platooning The importance of Winning
- The importance of good sportsmanship
- The importance of teaching football technique, fundamentals, and safety regardless of winning.
- The importance of shaping young people's behavior patterns regardless of circumstances.
- Willingness to make sure that all rules and administrative duties are followed regardless of circumstance (disciplinary action, incidents reports etc.).
- Willingness to accept constructive criticism & make changes as necessary

If approved as a Head Coach, I understand that I will be required to attend a Football Coaches Clinic and will be or have someone who is certified in CPR and basic first aid at all practices before practice begins. I further agree that if I am approved as a Head Coach, I am responsible for knowing, understanding, communicating to others, and abiding by the Coaches Code of Conduct as set forth by POP WARNER rules and PCYF&C **Initials:** _____

I understand that my references may be contacted and give PCYF&C my permission to ask questions regarding my character. **Initials:** _____

I understand that I am not guaranteed to get a Head Coaching position based on this application or any subsequent interview. **Initials:** _____

Applicant signature: _____

Date: _____

*** COACH APPLICATION, 2022 VOLUNTEER FORM AND COPY OF DRIVERS LICENSE MUST BE INCLUDED**

RETURN APPLICATION

TO: Kelly McCormick
PALM CITY DOLPHINS PO
BOX 1792
PALM CITY, FL 34991

Email: KAYJAYR6@GMAIL.COM

(All applications must be submitted by March 26, 2022)