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| Coaches Application:Bradfordville Buccaneers: |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for coaching practice?

|  |  |
| --- | --- |
| Monday evening | Thursday evening |
| Tuesday evening | Friday evening |
| Wednesday evening |  |
|  |  |
| \*Pop Warner requires that beginning on August 1st Cheer and Football must complete 20 hours of conditioning. This will require nightly practices for the first 2 weeks of August. Teams are not allowed to practice more than 2.5 hours a day (or 10 hours a week.) The 20 hours must be completed by August 6+18.\*Please note that Cheer and Football practice twice a week. The games are on Saturday. |
| \*If applying please note that the Cheer regionals exhibition/competition, and Football Regionals are held over Thanksgiving weekend in Orlando.Prior Pop Warner InvolvementHave you been involved with any other associations in the Big Bend Pop Warner Area?Yes or NoIf yes, please explain: |

## Interests

### Tell us in which areas you are interested in coaching:

|  |
| --- |
| Tiny Mite Cheerleading |
| Mitey Mite Cheerleading |
| Junior Pee-Wee Cheerleading |
| Pee-Wee Cheerleading |
| Tiny Mite Football |
| Mitey Mite Football |
| Junior Pee-Wee Football |
| Pee-Wee Football |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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|  |

## Previous Coaching Experience

### Summarize your previous coaching experience.

\***No prior coaching experience** Person to Notify in Case of Emergency

|  |  |
| --- | --- |
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|  |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a coach, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in coaching with us.