



HOBE SOUND RAVENS

Coaches Form and Questionnaire

Personal Information

- Full Name: _____
- E-Mail Address: _____
- Phone Number: _____

Coaching Preferences

- Position Applying For: Circle One: Head Coach / Assistant Coach
- Preferred Age Division: Circle One: 6U 8U 9U 10U 11U 12U 13U 14U

Coaching Experience

- Have you coached Hobe Sound Ravens Football? Circle One: Yes / No
- How many seasons have you coached 11 on 11? _____
- Previous Coaching Experience in Hobe Sound Ravens:
 - Level and Capacity (Head, Assistant): _____
- Experience in Other Youth Football Leagues:
 - Have you coached in other youth football leagues? Circle One: Yes / No
 - Years Coached: _____
 - Level and Capacity (Head Coach, Assistant): _____
- Coaching Experience in Other Sports:
 - Other Sports Coached and Capacity: _____
 - League Details: _____

Self-Assessment

Please Rate the Following: (5 being the Highest)

1. **Your knowledge of the Pop Warner Rules:** 1 2 3 4 5
 2. **The importance of Winning:** 1 2 3 4 5
 3. **The importance of Good Sportsmanship:** 1 2 3 4 5
 4. **The importance of teaching football technique, fundamentals, and safety regardless of winning:** 1 2 3 4 5
 5. **The importance of shaping young people’s behavior patterns regardless of circumstances:**
1 2 3 4 5
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1. **Willingness to ensure all rules and administrative duties are followed regardless of circumstance (disciplinary action, incident reports, etc.):** 1 2 3 4 5
 2. **Willingness to Coach 2nd team in same age division for the purpose of developing players:**
1 2 3 4 5

Commitment and Agreement

- **Coaches Code of Conduct:**

I agree that if I am approved as a Coach, I am responsible for knowing, understanding, communicating to others, and abiding by the Coaches Code of Conduct as set forth by Hobe Sound Ravens rules. **Initials:** _____

- **Application Understanding:**

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

- **Background Check Requirement:**

I understand that if selected, I will be required to adhere to a professional background check, and the results will be available for review by the Hobe Sound Ravens Board of Directors.

Initials: _____

- **Assistant coaches:** All assistant coach applications will be given to selected Head Coach of appropriate age level. All assistant coaches will be selected by the Head Coach.

Initials: _____

Applicant Signature: _____ **Date:** _____

Submission Deadline:

Please submit the completed application to Mike Foist Football Commissioner at Hobesoundravens2013@gmail.com by April 31st 2026. All coaches must create a volunteer account on our website.