



Carson City Pop Warner Coaches Application

Football: Cheer:

Position applying for: Head Coach; Assistant Coach; Other: _____

Division and Team you wish to coach this season: _____

Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

E-mail: _____

Cell Phone: _____

Birthdate: _____

First Aid & CPR Certified: Yes No

Expiration date: _____

Have you coached for CCPW in the past? Yes No Which seasons: _____

Please list position(s), team(s), and division(s): _____

Have you ever served on the board of directors for youth sports? Yes No Sport: _____

Please list three (3) personal references not related to you:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Please state reason for applying: _____

I have read the Bylaws and Standard Operating Procedures for Carson City Pop Warner and agree to abide by all National, Regional and League rules. I will fulfill my duties as outlined and provide any assistance to the board that is needed. I understand that if selected as a coach I will be required to submit to a background check. All statements made on this application are true to the best of my knowledge.

Signature: _____

Date: _____

Note: This application will be kept confidential and used by CCPW Board Members only.

CCPW BOARD USE ONLY:

Application Accepted: Yes No Assigned Team: _____ Date: _____