



2018 Volunteer Coach Application Form

MMFL Youth Football and Cheerleading

APPLICANT'S INFORMATION

Full Name:	Prefe	erred Name:
Address:		
City:	State:	Zip:
Contact Number:	Alternate	Number:
Personal Email:		Shirt size:
Are you CPR and/or First Aid certif	fied?	
Do you have any children playing f	or the MMFL?	
Child's Name:	Team:_	
Child's Name:	Team:_	
Child's Name:	Team:_	
<u> </u>	Group desired: (circle all desire	ed) 10) Varsity (11-12) Cheer
	EMPLOYMENT INFORMA	TION
Employer:		
Address:		
City:	State:	Zip:
Occupation/Position:		Years employed:

FOOTBALL QUALIFICATIONS

Do you have any tackle football coaching ex	perience? YES NO
If yes, please list your tackle football	coaching positions.
Organization/League:	
Position held:	Age group:
Organization/League:	
	Age group:
Organization/League:	
Position held:	Age group:
Have you played football? YES NO	
If yes where?	
Have you officiated football? YES NO	
	ching any sport other than football:
Why do you want to be a volunteer coach fo	or the Mooresville Midget Football League?

PERSONAL REFERENCES

Please provide two personal references who are	not relatives:
Contact Name:	Phone:
Affiliation:	
Contact Name:	Phone:
Affiliation:	
BACKGROUND CHECK	
Have you ever been refused participation by any	youth sport organization? YES NO
If yes, please explain:	
which may include a review of sex offender regist understand that, if appointed, my position is continappropriateness in my background. I also und MMFL is not obligated to appoint me to a volume expiration of my term, if I violate any MMFL policode of conduct, or undertake any activity that is	a for the MMFL to conduct a background check on me, stries, child abuse and criminal history records. I additional upon MMFL receiving no information of lerstand that, regardless of any previous position, the teer position. If appointed, I understand that, prior to the licies or principles as outlined in the Bylaws, the Coach's sedeemed by the Board not to be in the best interest of the ll be subject to suspension and removal by the MMFL
Signature:	
Date:	
Full Legal Name:	
Date of Birth:	
Place of Birth:	
SS #:	

Please attach a photocopy of your driver's license to this application

Please return your completed application and all attachments in person to:

Cliff Graves, Commissioner of MMFL