



Howard County Bruins Youth Football Team

Coaches / Staff Application Fall 200__ Season

Please use ink pen while completing this form.

Mail to:

Howard County Bruins Youth Football Team
P.O. Box 6628
Columbia, MD 21045

Applicant Information:

Date Applying: _____

Name (First, Middle, Last): _____

Current Street Address: _____

City: State: Zip: _____

Driver's License: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail (Home): _____

E-mail (Work): _____

Applicant Information (page 2)

Which position are you applying for: (Circle One)

- Head Football Coach
- Assistant Football Coach
- Board Member
- Equipment Manager
- Team Parent
- Trainer
- Other (Please explain)

What level are you applying for? (Circle One)

- Varsity
- Junior Varsity

Are you trained in First Aid and / or CPR ?
If yes, please list year of certification for each.

Do you have any children involved with the Howard County Bruins? (Circle One)

YES / NO

If yes, please list their name(s) and team(s):

Provide three (3) references (name / phone):

1. _____

2. _____

3. _____

Coaching Experience

Please give information as to what sports you have coached, how many years, if you were a head or assistant coach, and any other information that may help explain your experience.

Coaching Philosophy

Please give us some details about your coaching philosophy.

Applicant Information (Page 3)

Criminal Investigation

Have you been convicted of any felony within the last ten years? (Circle One)

YES / NO

If Yes, please describe each conviction(s), date of conviction, the offence of which you were convicted and the court in which you were convicted.

I understand that this application is not a final interview process and if I am to be considered for a coaching / staff position, I may be required to be interviewed by the Howard County Bruins Youth Football Team Board of Directors or Board appointee.

I further understand that if I am considered for a coaching / staff position, I may be required to submit to a criminal background check.

_____ Initial (Optional: Social Security Number: _____ - _____ - _____)

Acceptance

"I Certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if approved, falsified statements contained herein and all information concerning previous coaching assignments and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you". The position of Head Coach, Assistant Coach and or any other member is an appointed position upon approval of the Howard County Bruins Youth Football Team Corp. and any person approved and designated as such will hold that position for no definite period of time and may, regardless of the date of approval of position, be terminated at any time without prior notice for whatever reason(s) the Board of Directors deems necessary.

The Howard County Bruins Youth Football Team does not discriminate on the basis of race, sex, religion, national origin, color, age, veteran's status, or disability.

Signature of Applicant: _____

Date: _____

The above information is Proprietary to the Howard County Bruins Youth Football Team. The applicant named herein acknowledges and understands that it may be necessary for the Howard County Bruins to forward this information to the MUYFA commissioner with the understanding that this information will remain "Confidential".

Do Not Write Below This Line

Interview Date:	Notes:
Background Check:	Yes / No
Applicant Approved:	Yes / No
Applicant Notified:	Yes / No