



THUMB AREA FOOTBALL LEAGUE

Coach Application

Name _____

Michigan Driver's License # * _____

Address _____

City, State, Zip _____

Social Security # * _____

Home Phone () _____

Convicted of a felony or any offense involving underage children?* (circle) Yes No
If "yes", explain _____

Work () _____ Cell () _____

Date of Birth * / /

Email Address _____

Check Age Division of interest? 7/8 Div. 9/10 Div. 11/12 Div. U-13/7th Grade

Have a son/daughter playing? Yes No If "yes", name: _____

Check the Level of Coaching desired? Head Coach Asst. Coach

If "Head Coach" is desired, do you have Asst. Coach(es)? Yes No

If "yes", give name, phone no. & the name of their son/daughter child playing (if applicable):

List two (2) References: (Preferably one that knows you as a Coach, Teacher, Volunteer, etc.):

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Coaching Experience:

(List Sport, Years, Age Level of Participants - for example: Soccer, 2001-2003, 8-10 yr. olds.

I acknowledge that all the information on this form is, to the best of my knowledge, correct and true. I also understand that the Thumb Area Football League shall have the final decision of coaches and coaching assignments.

* I give my permission for the Thumb Area Football League to conduct background checks as a requirement to become a coach for the Thumb Area Football League.

Signature _____ Date _____