

**CHILLIWACK MINOR FOOTBALL
ASSOCIATION**

PO. BOX 2043, SARDIS MAIN STATION, CHILLIWACK, BC V2R 1A5

HEAD COACH APPLICATION

Date: _____

Coaching Certification:

Name: _____

Completed Levels: _____

Address: _____

Completion Date: _____

Certificate No: _____

Residence Phone No: _____ **Business Phone No:** _____

Occupation and Employer: _____

How long _____

If less than six months give Name and Phone Number of previous employer and how long employed.

1. State Team Applying for: _____

**2. Give years experience in Minor
Football:** _____

3. Reason for wanting this team:

**4. What is your football
philosophy?** _____

5. Are you able to commit the time to be head coach?

6. Are you willing to abide by the rules and regulations set forth by the Chilliwack Minor Football Association and the Valley Community Football League?

7. Name and telephone number of references:

Former

players/parents _____

Professional _____

Family and/or friend _____

Employment _____

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Without Prejudice - I hereby submit this application being a member in good standing with the Chilliwack Minor Football Association. I understand the decision to be nominated as Head Coach will be decided fairly and is final. I also understand that a Criminal Record Check and Reference Checks are conditions of volunteering at Chilliwack Minor Football Association.

Signature of Volunteer Applicant _____

Dated _____