

Coaching Application

Otsego Rocket Football (ORF)

Name	Social Security Number	Home Telephone
Birthdate	Business Telephone	Email address (if applicable)
Address	City	Zip Code

I would like to be considered for coaching the following:

Flag Football	_____	Head Coach	_____	Assitant Coach
8 & 9 Yr. olds	_____	Head Coach	_____	Assistant Coach
10 & 11 Yr olds.	_____	Head Coach	_____	Assistant Coach

Coach you would like to assist or you would like to assist you. (Does NOT guarantee your request will be meet)	
List the names of any children you have in the program:	

Previous Coaching Experience:

Organization	Position	Years
Organization	Position	Years
Organization	Position	Years

Employer:

Company Name	Telephone
Address	City, St.
Normal Working Hours	Position

References:

Name	Address	Telephone
Name	Address	Telephone

Have you ever been convicted of a felony? _____ Yes _____ No
If yes, please explain the circumstances on the reverse side of this application.

I understand that Otsego Rocket Football is interested in providing a safe, wholesome experience for all young people participating in the football program. Accordingly, I hereby consent to Otsego Rocket Football conducting a background reference check prior to accepting me for a coaching position. I understand that this check may include (but is not limited to) contacting the above references and employer as well as obtaining information about prior arrests and convictions from law enforcement agencies.

Signed	Date
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Return by attaching this document to an email message to the orfwebmaster@charter.net, or hand deliver application to a board member (Member Names: www.otsegorocketfootball.org).