**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_
E-Mail(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_
Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_\_\_\_\_\_\_**

APPLYING FOR (circle): **Head Coach Assistant Coach**

Coaching Level Desired:  **Flag 8u 10u 12u 14u 16u 18u Cheerleading**

**Do you have a child participating in the Passaic County Cougars Program (circle)? YES NO**

**Is it your intention to coach your child or at another level? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you ever played football (circle) YES NO If Yes, how long? \_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_**

What is ur coaching philosophy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is ur definition of winning ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you teach tackling and contact ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Info:

***Football Coaching Background:***

Have you ever been arrested for a crime (circle)? YES NO

If Yes: Date\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #\_\_\_\_\_\_\_\_\_\_\_\_\_ Court\_\_\_\_\_\_\_\_\_\_\_\_\_
Date\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #\_\_\_\_\_\_\_\_\_\_\_\_\_ Court\_\_\_\_\_\_\_\_\_\_\_\_\_
Please rate the following:

Your knowledge of the game. Blocking, Tackling, Kicking Game, etc.?

Your knowledge of Passaic County Cougars Policies & procedures

 Your knowledge of the PFL rules: Minimum Play Requirements The importance of winning

The importance of good sportsmanship

The importance of teaching football fundamentals, technique, & safety

The importance of shaping acceptable behavior patterns regardless of win or loss

The importance of academic achievement and growth

Timeliness of completing all administrative coaching responsibilities

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

If approved as a Coach, I understand that I will be required to attend all Coach’s Clinics, a Rules
Clinic, and I must be CPR Certified and have, at every practice, an individual who is so certified
before I can begin physically working with the team. I further agree that, if approved as a Coach, I
am responsible for knowing, understanding, communicating, and abiding by the “Coaches Code
of Conduct” as set forth with PFL and Passaic County Cougars.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information that I have provided may be verified, if necessary, by obtaining a background
check and/or contacting persons or organizations that may have information concerning me. I
hereby release and agree to hold harmless any person or organization that provides additional
information. I also agree to hold harmless Passaic County Cougars, their Board of Directors, and
agents thereof and any person or organization that provides information and/or is involved in the decision-making process.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is a lot of time put into these types of programs. You must understand that at Passaic

County Cougars, we request that all Head & Assistant Coaches be available to attend selected board meetings, clinics, and to participate in all Passaic County Cougar fundraisers. Head coaches must have final list of assistant coaches by May 1st. We also require a mandatory Background Checks of all Coaches by May 1st. Coaches are responsible for their own Background Check Fee. Each coach will be reviewed before they are allowed to coach.

By signing this application, under penalty of perjury, I affirm that the information I have given is true and correct. I have read the above and understand my responsibility as a coach and
recognize that I may or may not be chosen to coach this season.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Directors \_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_ Disapproved