



# PASSAIC/ PATERSON COUNTY COUGARS

## COACHES APPLICATION

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 13u 14u 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:**

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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.?	1	2	3	4	5
Your knowledge of Passaic County Cougars Policies & procedures	1	2	3	4	5
Your knowledge of the PFL rules: Minimum Play Requirements	1	2	3	4	5
The importance of winning	1	2	3	4	5
The importance of good sportsmanship	1	2	3	4	5
The importance of teaching football fundamentals, technique, & safety	1	2	3	4	5
The importance of shaping acceptable behavior patterns regardless of win or loss	1	2	3	4	5
The importance of academic achievement and growth	1	2	3	4	5
Timeliness of completing all administrative coaching responsibilities	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 1<sup>st</sup>. We also require a mandatory Background Checks of all Coaches by May 1<sup>st</sup>. 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 \_\_\_\_\_