

BCYFCA FOOTBALL COACH APPLICATION

LEAGUE NAME: _____ DIVISION: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____/____/____

HOME PHONE: (____) _____ CELLPHONE: (____) _____

DRIVERS LICENSE NUMBER: _____

E-MAIL ADDRESS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE PAST TEN YEARS?

(YES) _____

If yes, please explain: _____

2) HOW LONG HAVE YOU BEEN A RESIDENT OF BREVARD COUNTY: Years _____

3) HAVE YOU EVER COACHED FOR ANY OTHER LEAGUE/ORGANIZATION WITHIN THE

BCYFCA: (YES) _____ (NO) _____ If so, when: _____

LEAGUE NAME: _____

4) HAVE YOU EVER BEEN ASKED TO LEAVE OR BEEN SUSPENDED BY ANY OTHER
LEAGUE/ORGANIZATION WITHIN THE BCYFCA: (YES) _____ (NO) _____**5) I UNDERSTAND ALL OF THE FOLLOWING:**

- NO VERBAL OR PHYSICAL ABUSE WILL BE TOLERATED.
- THERE IS ZERO TOLERANCE FOR THE USE OR DISTRIBUTION OF DRUGS AND ALCOHOL WITH THE BCYFCA.
- ALL THE INFORMATION GIVEN ON THIS APPLICATION BY ME IS TRUE AND CORRECT AND TO THE BEST OF MY KNOWLEDGE.
- THE LEAGUE/ORGANIZATION FOR WHICH I AM APPLYING TO COACH, WILL BE SOLEY RESPONSIBLE FOR MY APPROVAL OR DISAPPROVAL FOR COACHING WITHIN THAT SAME LEAGUE/ORGANIZATION.
- A COPY OF THIS APPROVED/DISAPPROVED APPLICATION WILL BE MAINTAINED IN BCYFCA LEAGUE RECORDS FOR RECORD KEEPING PURPOSES ONLY.
- IF APPROVED TO COACH, I AM AWARE THAT I MUST ABIDE BY ANY AND ALL RULES OF THE BCYFCA AND MY INDIVIDUAL LEAGUE/ORGANIZATION.
- IF THESE RULES ARE NOT PROVIDED TO ME, IT IS MY REPSONSIBILITY TO OBTAIN THESE RULES FROM MY INDIVIDUAL LEAGUE/ORGANIZATION LEAGUE PRESIDENT.
- ANY AND ALL VIOLATIONS OF THESE RULES, AS DECIDED BY MY LEAGUE/ORGANIZATION OR THE BCYFCA, MAY RESULT IN MY IMMEDIATE DISMISSAL FROM COACHING.
- ANY AND ALL APPEAL PROCESSES MUST BE COMPLIED WITH WHEN APPLICABLE.

Signature_____
Date

FDLE Sex Offender Search Complete? _____