

Marsh Creek Eagles Volunteer Application

Choose one of the following:

_____ Coach _____ Medical Trainer _____ Team Parent

Name : _____ Date: _____

Address : _____

City : _____ State : _____ Zip : _____

D. O. B: _____ SSN : _____

Email : _____

Alt Email : _____

Occupation : _____ Employer : _____

Coaching Interest :

Desired Postion :

	<u>Football</u>	<u>Cheer</u>	
Flag (Ages 5-6)	<input type="checkbox"/>	<input type="checkbox"/>	Head Coach : <input type="checkbox"/>
Cub Flag (Ages 6-7)	<input type="checkbox"/>	<input type="checkbox"/>	Offense : <input type="checkbox"/>
Tackle 75lb (Age 5-7)	<input type="checkbox"/>	<input type="checkbox"/>	Defense : <input type="checkbox"/>
Tackle 85lb (Ages 7-8)	<input type="checkbox"/>	<input type="checkbox"/>	Open : <input type="checkbox"/>
Tackle 100lb (Ages 8-9)	<input type="checkbox"/>	<input type="checkbox"/>	Medical/Trainer : <input type="checkbox"/>
Tackle 115lb (Ages 8-11)	<input type="checkbox"/>	<input type="checkbox"/>	Position Coach : <input type="checkbox"/>
Tackle 130lb (Ages 9-12)	<input type="checkbox"/>	<input type="checkbox"/>	
Tackle 155lb (Ages 10-13)	<input type="checkbox"/>	<input type="checkbox"/>	

What Positions ?

Football/Cheer Playing Experience :

High School: _____

College: _____

Professional: _____

Coaching Experience :

Marsh Creek : Years : _____

Other : Years : _____

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Medical / Training Experience :

Training Skills (CPR,First Aid, etc.)

Medical Training/Occupation

Do you have a valid driver's license? Yes No

Have you ever been convicted of a crime? Yes No

If yes, describe in full :

Have you ever been refused participating in any other youth programs? Yes No

If yes, explain :

Please read and sign :

I give permission for the Marsh Creek Eagles to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that if appointed, my position is conditional upon the organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability, Marsh Creek Eagles, the Board of Directors of MCE and volunteers thereof, or any other person or organization that may provide such information. I also understand that regardless of previous appointments I may not be appointed to a coaching position. If appointed I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors. I have read and understand the coaching selection criteria and philosophy and will abide by as such.

Applicant Signature : _____

Printed Name : _____

Date : _____

Thank you for your commitment to the Marsh Creek Eagles. Completion of the above requirements does not guarantee you any coaching position with the program.