



South Gwinnett Athletic Association

Volunteer Football Coach Application Form

SGAA Football Coaches' Mission

It is the purpose of the South Gwinnett Athletic Association (SGAA) to encourage the healthy growth and development of our youth as they learn the fundamentals of tackle football. It shall be the purpose of all SGAA coaches to foster the highest standards of citizenship in the community by all members of the program. They shall provide a safe and positive environment to encourage the growth and development of each student athlete to the best of their ability. They must always reinforce the positive aspects of athletic participation such as having fun, building camaraderie, teamwork, and sportsmanship.

Please Read All Terms and Conditions Carefully

The South Gwinnett Youth Football Association will not discriminate against any person(s) seeking the opportunity to volunteer and participate in any capacity on the basis of race, creed, color, natural origin, marital status, gender, sexual orientation, or disability.

Purpose: This form allows the SGAA Football Board to follow a regimented process for the review and selection of volunteers to fill Head Coach and Assistant Coach positions within SGAA for the upcoming 2017 season. Having prior coaching or volunteer experience at any level is not a requirement for application with SGAA Football. Prior to any individual being appointed as a SGAA Football Coach they must submit a completed application, agree to a background check/investigation and interview with the SGHS Coaches and SGAA Football Board.

Privacy Policy: SGAA collects information from coaching applicants for the purposes of determining eligibility and suitability and to conduct background investigations necessary to insure the safety of our participants. We will not collect any information that is not reasonably necessary to participate in this program. Except for the information necessary to conduct background investigations, we will not disclose applicant information to any third party.

Instructions: Please fill out ALL information requested. No person shall be considered for any position within the SGAA Football coaching staff until a completed application is submitted and approved by the SGAA Football Board. Also, by volunteering you agree to follow all rules and regulations as set forth by SGAA Football Board and understand that failure to comply with all rules can result in termination as a volunteer coach. All applications are subject to review and approval by the SGAA Football Board.

Inquiries: Please direct all inquiries about this application to the SGAA Football Director Theresa Falker at: sgaacometfootball@gmail.com

South Gwinnett Youth Football Association
Volunteer Coach Application Form
Page 2 of 6

APPLICANT'S INFORMATION

Full Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____ Shirt Size: _____

CPR and/or First Aid certified? _____

If yes, Card level/Title: _____

Please provide a photocopy of your card with this application.

Please list any children you have playing in SGAA FOOTBALL:

Child's name: _____ Age Group: _____

Child's name: _____ Age Group: _____

Child's name: _____ Age Group: _____

Position Volunteering for (please circle one):

Head Coach ***Assistant Coach***

Age Group (please circle one):

6yr old team *7yr old team* *8yr old team* *9yr old team* *10yr old team*

MIDDLE SCHOOL (please circle one):

11yr old team *12yr old team*

8th Grade Team (*ANY Age*)

South Gwinnett Youth Football Association
Volunteer Coach Application Form

Page 3 of 6

EMPLOYMENT INFORMATION

Employer: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation/Position: _____ Years employed: _____

South Gwinnett Youth Football Association
Volunteer Coach Application Form
Page 4 of 6

QUALIFICATIONS

Football Coaches: Do you have tackle football coaching experience? **Yes / No**

Please list the three most recent tackle Football coaching positions you have held:

From: _____ To: _____ Age Group: _____

Organization/Location: _____

Position: Head Coach / Assistant Coach / Other (please explain)

Additional info (optional): _____

From: _____ To: _____ Age Group: _____

Organization/Location: _____

Position: Head Coach / Assistant Coach / Other (please explain)

Additional info (optional): _____

Have you played football? Yes / No

If yes, please list experience: _____

Have you officiated football? Yes / No

If yes, please list experience: _____

South Gwinnett Youth Football Association
Volunteer Coach Application Form
Page 5 of 6

Please list any experience you may have coaching other sports: _____

Why do you want to be a volunteer coach for SGAA Football? _____

PERSONAL REFERENCES

Please provide at least three personal references who are not relatives:

Contact Name: _____ Phone: _____

Affiliation: _____

Contact Name: _____ Phone: _____

Affiliation: _____

Contact Name: _____ Phone: _____

Affiliation: _____

Please feel free to include with this application letters of recommendation from any references.

South Gwinnett Youth Football Association
Volunteer Coach Application Form
Page 6 of 6

BACKGROUND CHECK

Have you ever been refused participation in any youth sports organization? **Yes / No**

If yes, please explain: _____

Have you ever been convicted of a felony? **Yes / No**

Did the conviction deal with a minor? **Yes / No**

As a condition of volunteering, I give permission for SGAA to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon SGAA receiving no information of inappropriateness in my background. I hereby release and agree to hold harmless from liability the SGAA officers, volunteers, and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, SGAA is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, if I violate any SGAA policies or principles as outlined in the Coaches Conduct / bylaws, or undertake any activity that is deemed by the Board not to be in the best interest of our student athletes or the organization programs, I will be subject to suspension and removal by the SGAA Football Board.

Signature: _____ Date: _____

Full Legal Name: _____

Date of Birth: _____ Place of Birth: _____

Please attach a photocopy of your driver's license to this application.

Please return your completed application and background consent form to:
South Gwinnett Youth Football Board Association