

# GRANT ROCKET FOOTBALL Coaching Application 2009

**(Please Note: The Grant Rocket Football Board of Directors reserves the right to accept or reject any application, all Head Coach positions must be approved by the Board)**

Name: \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Cell Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

All applicants must meet the following basic minimum requirements:

1. Coaches must agree with and abide by the rules of the Grant Rocket Football program.
2. The applicant is not listed on the Michigan Public Sex Offender Registry (Or any State Registry.)
3. The applicant must not have been terminated from a job or position of influence because of inappropriate treatment of children. This would include any type of job that involves interaction with children (I. e. Daycare providers, teacher, gym instructor, Sunday school teacher, Coaching, Scout leader, or as a volunteer).
4. The applicant must not have been convicted of a violent crime.
5. The applicant must have moderate knowledge of football, proper techniques, and fundamentals. They must be willing to get training for this position (I. e. coaching camps, books, and/or videos).

I would like to be considered for Coaching for one of the following teams:

1<sup>st</sup> & 2<sup>nd</sup> (Head Coach) \_\_\_\_\_ (Assistant Coach) \_\_\_\_\_  
3<sup>rd</sup> & 4<sup>th</sup> (Head Coach) \_\_\_\_\_ (Assistant Coach) \_\_\_\_\_  
5<sup>th</sup> & 6<sup>th</sup> (Head Coach) \_\_\_\_\_ (Assistant Coach) \_\_\_\_\_

Do you have any children in the program: YES----- NO-----

If yes what are their names \_\_\_\_\_.

## Previous Coaching Experience:

Organization \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_  
Organization \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_  
Organization \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_

## References:

Name: \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Please answer following questions:

1. Why do you want to Coach Football?
  
2. What is your Coaching Philosophy and Style?
  
3. What specific skills will you teach and what methods will you use?
  
4. What is your feeling on being required to attend Coaches meetings?
  
5. How would you feel about receiving input from the varsity program?
  
6. What are your thoughts about minimum play rules, and how do you plan on meeting the required playing time?
  
7. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes please explain

I understand that the Grant Rocket Football Program is interested in providing a safe, wholesome experience for all of the Youth Athletes participating in Rocket Football. Accordingly, I hereby consent to Grant Rocket Football conducting a Background reference check prior to accepting me for a coaching position. I understand that this check may include (but not limited to) obtaining information about prior arrest and convictions from law enforcement agencies.

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Applicants Signature

Please return application to:

Jason Cuningham  
450 E 112<sup>th</sup>  
Grant, Mi 49327

All information listed on this application or obtained from a background check will be kept private and confidential. It will only be used for the purpose of filling coaching positions within Grant Rocket Football.