



NORTH HILLS YOUTH FOOTBALL ASSOCIATION



The Tradition Starts Here!

COACHING APPLICATION

Name: _____ Phone #: _____

Address: _____ Zip: _____

Occupation: _____ Email: _____

Marital Status: Married Single

Children: Yes No

Have you participated in organized football? Yes No

If Yes, where & when? _____

In what capacity? Coach Player Trainer Other _____

Total number of year's experience: _____ Team: _____

State your reason for wanting to coach a youth football team:

How much time are you willing, or able, to spend coaching:

If you have any comments that might be beneficial to us, please state:

Signature: _____ Date: _____

Please attach your current Act 33/34 clearances to this application. If you do not have Act 33/34 clearances, or need to renew it, applications are made available online through the NHYFA. **All coaching applicants are required to submit clearances before application consideration by board members.**