



MERKEL YOUTH FOOTBALL AND CHEER ASSOCIATION

PO Box 193, Merkel, Texas, 79536
325.400.9565 | www.myfca.us

COACHES APPLICATION

Personal Information

CONFIDENTIAL

Name: _____

Date of Birth: _____ SSN: _____ DL/ID #: _____

Address:

Number _____ Street _____ City _____ State _____ Zip _____

Contact:

Contact Number _____ Alt Contact Number _____

Email _____

Experience and Associations

Occupation: _____ Employer: _____

Address:

Number _____ Street _____ City _____ State _____ Zip _____

Contact Number: _____

Professional skills, training, licenses, certifications:

Hobbies, interests, community affiliations, clubs, or organizations:

Any previous coaching experience **(not required)* Yes No
Youth Sports: Football Baseball Basketball Other: _____



COACH APPLICATION (Cont.)

Do you have children participating in MYFCA or WTRYF? Yes No
If Yes: Child's Name: Football Cheer
Grade or Team: Flag Mighty Mites Junior Pee-Wee Pee-Wee
Do you want to Coach your child's team? Yes No No Preference
If No: What team are you interested in Coaching? Football Cheer
Grade or Team: Flag Mighty Mites Junior Pee-Wee Pee-Wee

Criminal History

Have you ever been convicted or plead guilty to any crimes (excluding Traffic violations)? Y N
If Yes, please provide date and description of each conviction:

Date Description
Date Description
Date Description

Have you ever been arrested or investigated for a crime against children? Y N
(injury to a child, sexual assault), whether you were convicted or not?

If Yes, please provide disposition of offense and date:

Disposition Date
Disposition Date
Disposition Date

Have you ever been refused or removed from participation in any youth program, league, or association? Y N

If Yes, please state organization and reason for refusal or removal:



COACH APPLICATION (Cont.)

Authorization to Release Information

As a condition of volunteering, I, _____, authorize and give permission to the Merkel Youth Football and Cheer Association (MYFCA) and the West Texas Rural Youth Football (WTRF) to conduct a background check. I understand this check may include, by is not limited to, local law enforcement, state law enforcement, and federal law enforcement databases, sex offender registry and Department of Public Safety Computer Criminal History checks. Though the MYFCA and WTRYF will not disclose information obtained as a result of a background investigation, this authorization releases the MYFCA and WTRYF of any liabilities that may occur do to information collected and disclosed to MYFCA and WTRYF. I hereby release and hold harmless from liability MYFCA, WTRYF, the officers, volunteers, or any other person, organization, or agency, that may provide such information.

I understand that regardless of previous appointments, MYFCA and WTRYF is not obligated to appoint me to a volunteer position. I further understand that if appointed, my position is conditional upon the MYFCA and WTRYF approval, based on the information received by any of the aforementioned sources. I understand that prior to the expiration of my term, I am subject to suspension and/or removal by the aforementioned for violations under the policies and regulations of MYFCA or WTRYF, or any criminal acts or offenses that you are suspected or have committed post dating the undersigned date and background check.

The MYFCA nor the WTRYF shall not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

Signature

Notary Public Stamp/Seal:

Printed Name

Date

Signature Date

OFFICIAL USE ONLY

Background Investigation completed by: Name Title

Date Checked:

System(s) used for background check:

CCH Local Check Sex Offender Registry Fingerprint Verified

Attach any copies of background checks to this application only.