

Background Check Submitted \_\_\_\_\_ Date Certified \_\_\_\_\_  
USA Football # \_\_\_\_\_ Date Completed \_\_\_\_\_  
NYSCA # \_\_\_\_\_ Date Expires \_\_\_\_\_  
Football/Cheerleading (Circle One) ..... Level \_\_\_\_\_

NIAGARA ORLEANS FOOTBALL ASSOCIATION

Head Coach/Assistant Coach/Jr Coach/Team Parent Applications

Name: \_\_\_\_\_ Telephone (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ SS# \_\_\_\_\_

Email Address: \_\_\_\_\_

If you have lived at the above address for less than five years please list prior address:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

1. Marital Status? \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

2. How many children do you have \_\_\_\_\_ Males \_\_\_\_\_ Females

3. What is your occupation: \_\_\_\_\_

4. Do you have a valid Drivers License \_\_\_ Yes \_\_\_ No  
State \_\_\_\_\_ Number \_\_\_\_\_

5. Do you currently carry a personal auto policy with liability coverage? \_\_\_ yes \_\_\_ no

6. Do you have medical coverage? \_\_\_ yes \_\_\_ no  
Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

7. Have you ever played Football or been a cheerleader:  
\_\_\_ yes # of Years \_\_\_\_\_ NO  
If yes at what level \_\_\_\_\_

8. Have you ever coached Football or Cheerleading?  
\_\_\_ yes # of Years \_\_\_\_\_ NO  
If yes where? \_\_\_\_\_

9. Do you have any formal training as a coach:  
\_\_\_ yes # of Years \_\_\_\_\_ NO  
If yes please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the name, address and telephone number of two people who know you sufficiently well to comment on your past coaching or your potential as a coach:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Have you ever been convicted of an offense against the Law other than a minor traffic violation? (A conviction does not mean you cannot coach. The offense and how recently you were convicted will be considered)  
\_\_\_yes \_\_\_ no If yes please explain on the reverse.