



GLEN LEA METROPOLITAN YOUTH FOOTBALL ASSOCIATION COACHING APPLICATION

PRINT ALL INFORMATION LEGIBLY – ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED

Applicant's Name: _____

Home Address: _____

City, State: _____ Zip Code: _____ SSN: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail Address: _____ Shirt size: _____ Hat size (fitted): _____

Position of interest:

Cheering Head 1st division choice: _____

Football Assistant 2nd division choice: _____

(If not selected for Head, are you willing to be an Assistant?) YES NO

State previous coaching experience:

Have you ever been convicted of a felony?: YES (if so, explain below) NO

List two (2) personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

By signing below I am giving Glen Lea MYFA permission to perform a background check and I am hereby acknowledging that all the information on this coaches' application is accurate to the best of my knowledge.

Signature: _____ Date: _____

Mail completed applications to:
Glen Lea MYFA
P. O. Box 253
Highland Springs, VA 23075