



FLEMING ISLAND YOUTH SPORTS ASSOCIATION VOLUNTEER COACH & TEAM PARENT APPLICATION FORM

FIYSA Coaches' Mission: It is the purpose of the Fleming Island Youth Sports Association (FIYSA) to encourage the healthy growth and development of our youth as they learn the fundamentals of tackle football & cheer. It shall be the purpose of all FIYSA coaches to foster the highest standards of citizenship in the community by all members of the program. They shall provide a safe and positive environment to encourage the growth and development of each student athlete to the best of their ability. They must always reinforce the positive aspects of athletic participation such as having fun, building camaraderie, teamwork, and sportsmanship.

Please Read All Terms and Conditions Carefully: FIYSA will not discriminate against any person(s) seeking the opportunity to volunteer and participate in any capacity on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

Purpose: This form allows the FIYSA Board to follow a regimented process for the review and selection of volunteers to fill Head Coach, Assistant Coach, Cheer Coach & Team Parent positions within FIYSA for the upcoming 2018 season. Having prior coaching or volunteer experience at any level is not a requirement for application with FIYSA. Prior to any individual being appointed as a FIYSA Coach or Team Parent they must submit a completed application, agree to a background check/investigation and interview with the FIYSA Head Coaches, FIYSA Football Commissioner, Cheer Coordinator and FIYSA Board.

Privacy Policy: FIYSA collects information from coaching applicants for the purposes of determining eligibility and suitability and to conduct background investigations necessary to insure the safety of our participants. We will not collect any information that is not reasonably necessary to participate in this program. Except for the information necessary to conduct background investigations, we will not disclose applicant information to any third party.

Instructions: Please fill out ALL information requested. No person shall be considered for any position within the FIYSA staff until a completed application is submitted and approved by the FIYSA Board. Also, by volunteering you agree to follow all rules and regulations as set forth by FIYSA Board and understand that failure to comply with all rules can result in termination as a volunteer. All applications are subject to review and approval by the FIYSA Board.



APPLICANT'S INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Shirt Size: _____

CPR and/or First Aid certified? CPR First Aid

If yes, please provide a photocopy of your card with this application.

Please list any children you have playing in FIYSA FOOTBALL & CHEER:

Child's name: _____ Age Group: _____

Child's name: _____ Age Group: _____

Child's name: _____ Age Group: _____

Position(s) Volunteering for:

Head Football Coach **Assistant Football Coach** **Cheer Coach** **Team Parent**

Age Group:

Tiny Mite (5-7) **Mitey Mite (7-9)** **Junior Pee Wee (8-11)** **Pee Wee (9-12)**

Are you available to commit to 3-5 weeknights of practice (2-3hrs each) and Saturdays for games (including home game field set-up & breakdown)? Yes No

If no, check the days you are NOT available:

Monday Tuesdays Wednesdays Thursdays Fridays Saturdays

Explain: _____

Are you available to attend the mandatory coaches/team parent certification on Saturday 7/21/18?

Yes No



EMPLOYMENT INFORMATION

Employer: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation/Position: _____ Years employed: _____

QUALIFICATIONS

Do you have tackle football or cheer coaching experience? Yes No

Please list the three most recent tackle football or cheer coaching positions you have held:

From: _____ To: _____ Age Group: _____ Organization/

Location: _____ Position:

Head Football Coach **Assistant Football Coach** **Cheer Coach** **Team Parent**

Other (explain): _____

Additional info (optional): _____

From: _____ To: _____ Age Group: _____

Organization/Location: _____

Position: **Head Football Coach** **Assistant Football Coach** **Cheer Coach** **Team Parent**

Other (explain): _____

Additional info (optional): _____

From: _____ To: _____ Age Group: _____

Organization/Location: _____

Position: **Head Football Coach** **Assistant Football Coach** **Cheer Coach** **Team Parent**



Other (explain): _____

Additional info (optional): _____

Have you played football or cheer? Yes No

If yes, please list experience: _____

Have you officiated football or cheer? Yes No

If yes, please list experience: _____

Have you completed any coaching clinics, certifications, courses?

Please list name & date: _____

Please list any other experience you may have coaching other sports, other applicable experience & skills: _____

Why do you want to be a volunteer for FIYSA? _____

PERSONAL REFERENCES Please provide at least three personal references who are not relatives:

Contact Name: _____ Phone: _____

Affiliation: _____



Contact Name: _____ Phone: _____

Affiliation: _____

Contact Name: _____ Phone: _____

Affiliation: _____

Please feel free to include with this application letters of recommendation from any references.

BACKGROUND CHECK

Have you ever been refused participation in any youth sports organization? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Did the conviction deal with a minor? Yes No

As a condition of volunteering, I give permission for FIYSA to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon FIYSA receiving no information of inappropriateness in my background. I hereby release and agree to hold harmless from liability the FIYSA officers, volunteers, and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, FIYSA is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, if I violate any FIYSA policies or principles as outlined in the Coaches Conduct / bylaws, or undertake any activity that is deemed by the Board not to be in the best interest of our student athletes or the organization programs, I will be subject to suspension and removal by the FIYSA Board.

Signature: _____ Date: _____

Full Legal Name: _____

Date of Birth: _____

Please attach a photocopy of your driver's license & CPR/First Aid (if applicable) to this application.

Please return your completed application and background consent form to:

FIYSAreadnaughts@gmail.com

Fleming Island Youth Sports Association ♦ P.O. Box 8106 ♦ Fleming Island, FL 32006