

GREATER 69<sup>TH</sup> STREET WILDCATS ATHLETIC ASSOCIATION 433 Church Lane, Yeadon, PA 19050 610-284-7401

www.greater69thstreetwildcats.org

## COACHES APPLICATION

Date	Social Security Number	
Name	Contact Number	
Street Address		
City	State	
Zip Code	Attach a copy of your child abuse/criminal background check	_
Emergency Contact	Telephone Number	
Candidates Cell Phone Numb	er	
Have you coached for any oth	er organization? If so when	
Name the Organization		
Address	City State	
Zip Code	Contact Person at this Organization for Reference	
How longer were you affiliate	d with the organization(s)	
Why did you leave? Note: if you were affiliated wit	h additional organizations, use the back of this form to identify them	
How did you hear about this p	osition?	
	ave that can help the Wildcats get better	
Have you held an administrat	ve position with any other youth organization?	
If so, name the organization_		_
What position did you hold?_	How long?	
Contact person	Telephone Number	
Did you play football before?_	If so, at what level	
Did you Cheerlead before?	if so, at what level	_
	u agree to abide by all of the established rules, regulations and discipline bard of Governors to manage all Greater 69 <sup>th</sup> Street Wildcats Activities	
Signature of Applying Coach		
Coaches Meetings	Are mandatory because they keep you informed and maintain staff chemistry. See your Director or Head Coach for the meeting schedule	