

Triad Elite Ducks Coaching Application

Email – <u>triadeliteducks@gmail.com</u>

Name:			
Address:		City:	
Zip: Home Phone	•	Cell Phone:	
Work Phone:	Email (n	nandatory)	
Position Desired: (Circle one)	Head Coach	Assistant Coach	
Team Desired: (Circle one)	Tiny Mite 5-7	Mitey-Mite 7-9	Jr PeeWee 10-11
	PeeWee 10-12	Jr Midget 12-14	

Why are you interested in coaching with the Ducks?

List previous coaching experience, what you specialize in (offense, defense, special teams, etc.), and what positions you held. Detail what offensive and/or defensive formations you have expertise with.

Write a brief summary detailing your philosophy on coaching youth football.

List how you can be an asset to the Ducks program and the youth we are serving.

\*If applying for Head Coach Position please submit an example of a weekly practice schedule.



**Coaches Expectation** 

• All Head Coaches are required to attend all meetings and coaches clinics designated by the Triad Elite Ducks Board and League. All coaches are required to be tackle sure and/or heads up certified. Are you able to attend all coaching clinics and meetings?

[] Yes [] No

• If elected as a coach, you agree to be responsible for the Triad Elite Ducks equipment and uniforms issued to your team (this includes, but is not limited to, protecting the equipment and uniforms from abuse or theft, and making sure that all equipment is returned immediately after the close of the Triad Elite Ducks regular or post-season)

[ ] Yes [ ] No

• As a coach you are the face of the Ducks organization so it is imperative that ALL coaches act in a professional manor at all times while at practice, games and in the community. Our coaches should act as positive role models and teach T.E.D participants good sportsmanship and character.

## \*Final selection of all head coaches will be by majority vote of the Triad Elite Ducks Board of Directors\*

To ensure the safety of our children the Triad Elite Ducks, the Piedmont Youth Football and Cheer League, and American Youth Football require all coaches to submit to a criminal background check. Your signature below gives us permission to contact your references and conduct the criminal background check.

Signature

Date



## **References:**

1.	Name:	Title:
	Phone number	_Email
	Relationship:	Years of Relation:
2.	Name:	Title:
	Phone number	_Email
	Relationship:	Years of Relation:
3.	Name:	Title:
	Phone number	_Email
	Relationship:	Years of Relation: