

Please print.

Spotsylvania Youth Football Association TEAM MOM APPLICATION

<u>Please fully complete this application, even if you have assumed the role of Team Mom within SYFA in the past.</u>

Name	Date of Birth License Number Address	
Driver's License Number		
City	Zip	
Home Phone	Work Phone	Cell Phone
Email Address		
Please list the best time to conta	act you	
Personal References:		
1. Name		Home Phone
Address		Work Phone
2. Name		Home Phone
Address		Work Phone
Experience : (Summarize coachir space please use reverse side.)	ng experience and involven	nent in youth activities. If you need more
Reason for wanting to be a TEA	AM MOM : Explain your i	nterest.



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Past TEAM MOM Experience: Please provide specific information regarding years, position, age/levels.				
I would prefer to be: (Circle One)	Team Mom Assistant Team Mom			
I would like to be assigned to: (Circle On	e) <u>Super Tiny Mites</u> <u>Tiny Mites</u> <u>Mitey Mites</u>			
	<u>8U 10U 11U 12U 13U Cheer Team</u>			
	Other			
and been subjected to disciplinary action	cort program/organization either as a coach/volunteer/team mom: (Restricting participation or resulting in expulsion from the If so, please explain providing circumstances and			
Do you have a son/daughter participating	g in football/cheerleading?			
His/her Name	His/her Age(As of July 31 2016 for VAYFA)			
His/her Date of Birth	His/her School Name			



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- SYFA strives to place the most qualified adults in positions to coach our young men and women in our organization.
- Our mission is to teach sound football and cheer fundamentals in order to assist our players advance to the next level academically and athletically;
- Set the standard locally for youth sports;
- Maintain a first class organization and operation which attracts great families of dedicated participants;
- Provide a healthy environment for players & families; Promote team unity & family participation;
- Instill the values of education and teach sportsmanship & discipline.
- A coach's responsibility is to be an ambassador for the SYFA and the local community for the sport of football and cheer.

I, the undersigned, authorize and give consent for the SYFA Cougars Football organization to obtain information regarding myself. This includes the following: Criminal Background Check, Training/Education and Personal References. I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application

Signature:	Date:
SYFA President Signature:	Date:

Application Process:

Following verification of background and references and approval/disapproval of application by SYFA Executive Board of Trustees applicants will be notified by the President or the Football Coordinator of the SYFA.

