



2015 UPPER CAPE SPARTANS CHEERLEADING

COACHING / VOLUNTEER APPLICATION FORM

Name _____ Home Phone _____
 Address _____ Cell Phone _____
 City _____ Zip _____ Work Phone _____
 E-mail Address _____ Date of Birth _____
 Driver's License # _____
 Social Security # _____

ALL ABOVE SECTIONS MUST BE FILLED OUT COMPLETELY

*The Upper Cape Spartans requires all coaches to hold all certifications as required by American Youth Cheerleading (AYC) and Blackstone Valley Youth Cheerleading Conference. The Upper Cape Spartans will cover the cost of these certifications for coaches selected by the Board of Trustees at the end of the season upon request.

Have you ever been convicted of a felony? No Yes
 Are you a returning coach from last season? No Yes
 Please check which position you are applying for:
 Head Coach Assistant Coach
 Team Mom Volunteer
 Please check which squad you are applying for:
 Division 8 (5-8) Division 10 (7-10) Division 12 (9-12) Division 14 (11-14) Division 18 (14-18)
 Do you have children that are participating? No Yes

Name _____ Age _____ Date of Birth _____
 Name _____ Age _____ Date of Birth _____

Your past coaching experience (level, number of years, etc.)

What is your coaching philosophy / mission?

Please provide two references

Name _____ Relation _____ Telephone _____

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I hereby give Upper Cape Spartans, Inc. my permission to perform a background check. Upper Cape Spartans, Inc. also has the right to review information from any source reporting criminal and/or child related offenses and I understand that coaching positions are contingent upon the results of the background check(s). I understand Upper Cape Spartans, Inc. requires I hold certifications from American Youth Cheerleading. I understand that I must attend any mandatory coach's clinics/meetings as required by Upper Cape Spartans, Inc. in cooperation with Blackstone Valley Youth Cheerleading and American Youth Cheerleading. Failure to provide certifying documentation or absence from mandatory clinics/meetings can affect my eligibility to coach this season. If selected as a coach, I hereby grant Upper Cape Spartans, Inc. permission to display my photograph and name on any and all Upper Cape Spartans, Inc. publications. I understand that I am functioning as a volunteer for Upper Cape Spartans, Inc. and will not receive compensation, monetarily or otherwise. I also understand that I am subject to all Upper Cape Spartans, Inc. bylaws and standard operating procedures. The receipt of this application does in no manner imply a contractual obligation by Upper Cape Spartans, Inc. Being selected as a volunteer coach for Upper Cape Spartans, Inc. does not affect an individuals' standing within Upper Cape Spartans, Inc.

I will do my best to contribute to creating an environment of discipline, self-respect and success to aid in the academic, athletic and social success of the student-athletes who participate in the program. I will use the educational power of youth football to help the children of the Upper Cape to reach their highest potential.

I swear under penalty of perjury that all information provided on this application is accurate to the best of my knowledge:

signature

date

name

Complete and return to:

Upper Cape Spartans, Inc.
PO BOX 157
Mashpee, MA 02649

Or email to:

info@uppercape Spartans.com