



2024 Coaching Application Southeast Idaho Youth Football League



If any of the following needs further explanation or entry space, please use a separate sheet of paper. Your application will not be considered if it is not complete and accurate.

Name in Full: First: _____ Middle: _____ Last: _____

Other Names You Have Used:

Maiden: _____ Aliases/Former Names: _____ Nickname: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Current EMAIL Address: _____

Current Home Phone Number: _____ Work: _____ Cell: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Place of Birth: City: _____ State: _____ Sex: M or F

Social Security Account Number: _____ - _____ - _____

Driver's License: Current? Yes or No What State? _____ License# _____ Expiration Date _____

In what other states have you held a driver's license? _____

Previous Residences: City: _____ State: _____ When: _____

(Go Back 10 Years) City: _____ State: _____ When: _____

City: _____ State: _____ When: _____

List any times you pleaded guilty to or were convicted of a criminal violation, excluding minor traffic infractions.

Date: _____ Place: _____ Nature of Offense _____ Court Location: _____ Disposition: _____

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Date: _____ Place: _____ Nature of Offense _____ Court Location: _____ Disposition: _____

Are you aware of any information about yourself, which might tend to reflect unfavorably on your reputation, morals, character or ability as a prospective coach for Southeast Idaho Youth Football League?

Yes _____ No _____ If yes and you would like to explain, use a separate sheet of paper.

Are you applying for a head or assistant coaching position?

Name your assistant coaches or the head coach of the team?

Which team (grade, area/city) are you requesting to coach?

References are optional. Please give name(s) and phone number(s).

I hereby certify that the facts set forth in this coaching application are true and correct to the best of my knowledge. I understand that if I falsify statements on this coaching application, I may not be considered for coaching duties. I hereby authorize the Southeast Idaho Youth Football League or its representatives to conduct an investigation into my background history to verify the above information. I also further understand that I will abide by all rules, policies, and by-laws of the League and that my actions can be held accountable to any and all of the aforementioned and that I can be suspended, put on probation, or removed from coaching by the Board of Directors per their rules and by-laws.

Signature of Applicant _____ Date _____

For official use only: _____ Favorable _____ Unfavorable

RETURN APPLICATION TO:
SIYFL, P.O. BOX 1303, POCA TELLO, ID 83204

Coaching Application
Southeast Idaho Youth Football League
Football Coach

Please answer the following questions to the best of your ability.

1. What is your personal coaching philosophy?

2. What is your coaching experience? Please include the name of organization you have coached, grade, and sport.

3. Explain basic offensive and defensive formations that you would teach.

4. Did you play middle or high school football? If yes, where and when?

5. Do you have any coaching certifications or training (include organization and year)?

6. Are you CPR or First Aid certified? If yes, when did you have the training?

7. Are you a USA Football member and are you certified?

8. Other pertinent information that you would like the SIYFL to know.

Coaches' Code of Ethics

I hereby Pledge to live up to my National Youth Sports Coaches (NYSCA) certification and to the Code of Ethics set forth by Southeast Idaho Youth Football League.

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

Coach Signature

Date

**Out-of-Area Assistant Coach Affidavit of Compliance
Completed by Out-of-Area Assistant Coaches only**

Out-of-Area Assistant Coaches are required to attend 1-2 practices per week or an Out-of-Area Team Mom must provide the equivalent amount of time per week assisting the team/head coach.

Per our Operating Bylaws, Article V: Area Boundaries, define how we assign players to teams and the exception to this rule for Out-of-Area Players and Coaches.

Article V: AREA BOUNDARIES

Section A: All players will be assigned to a team as close as practical to their home address, when possible.

Section B: All players, in any grade, will be placed on teams in the League designated geographic area in which they live.

Exceptions to this rule include:

1. Out-of-Area Player: Players who are relatives (brothers/sisters, nephews/nieces, cousins, grandsons/granddaughters or sons/daughters), of a coach(s) who may live outside the League designated geographic area (Out-of-Area Assistant Coach or Team Mom) of the team they are coaching, with limit of two Out-of-Area players total per team, or
 - a. If a coach discontinues coaching, the Out-of-Area Player has the option to move back to their boundary area, provided an opening exists on the roster **or** they can stay on the current team. If the player stays on the current roster, that player will count toward the Out-of-Area Player limits per Article V, Section B, #1 throughout that team's entire tenure with the League (eg. 5th – 8th grade).
 - i. Out-of-Area Assistant Coach or Team Mom must commit a minimum of one season.
 - b. The League will maintain record of all Out-of-Area Coaches per team and associated Out-of-Area Players.
 - i. Players who transfer to another team based on the Out-of-Area Player rule, will be reported on a yearly basis to the League Board of Directors.
 - ii. Assistant coaches must adhere to all rules outlined in Article VII, Section B, Coaches' Responsibilities.
 - iii. Out-of-Area players are only allowed to play on one Out-of-Area team during their 5th thru 8th grade tenure.
 - iv. If an Out-of-Area player decides to no longer play on their team, they can either play in their natural boundary team or stay on their Out-of-Area team. They are not allowed to play as an Out-of-Area player for another team.
 - v. Out-of-Area coaches must be assigned to a team prior to the end of week 2 of practice, if the Out-of-Area player has been assigned to another team.

I understand the requirements of an Out-of-Area Coach or Team Mom and will comply with the requirements during the season. I further understand that if I falsify any statements on my coaching application or do not fulfill the requirements for the Out-of-Area duties, that I can be removed as an assistant coach or team mom and my child or relative will be moved back to their natural boundary.

Signature of Applicant _____ Date _____

**This affidavit of compliance needs to be returned to the League with your Coaching Application.
Mail to: SIYFL, P.O. Box 1303, Pocatello, ID 83204 or email copy to siyfl.football@gmail.com.**