



Sandwich Youth Football

P.O. Box 2240 - Sandwich, MA 02563
508-274-1155 – www.SandwichPopWarner.com



Coaches Application

Personal Information

First Name _____ M.I. _____ Last Name _____

Street Address _____ Mailing Address _____

Town _____ Zip Code _____ E-Mail _____

Home Phone _____ Business Phone _____ Cell _____

Date of Birth ____/____/____ Social Security # _____ - _____ - _____ Driver's Lic # _____

Coaching Information

Coaching Position Requested: Head Coach Football Head Coach Cheerleading

Asst. Coach Football Asst. Coach Cheerleading

TEAM: Midget-A Jr. Midget-B Pee wee-C Jr. Pee wee-D Mighty-Mites-E

1. Have you ever been a coach for Sandwich Pop Warner? Yes No

If yes, when _____ what did you coach? _____

2. Are you certified by the NYSCA? Yes No Are you willing to go through NYSCA training? Yes No

3. Can you commit to 8 to 10 hours per week for practices and games? Yes No

4. Describe your experience in Football/Cheering: _____

5. Describe your experience in working with youth: _____

6. Describe your philosophy of coaching youth sports: _____

Applicant's Signature _____ Date _____