



# Sertoma Club of Summerville Coaches Application

Name (*write clearly*): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (*write clearly*): \_\_\_\_\_

Type of Position Requested: \_\_\_\_\_ Team: \_\_\_\_\_ League: \_\_\_\_\_

Prior Experience in Youth Sports: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coaching Philosophy: Why do you desire to coach?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (Print Name) \_\_\_\_\_, agree to be evaluated and approved by the Summerville Sertoma Football Committee (If application is disapproved applicant cannot coach). I am committed to coaching with integrity while fostering a safe and instructive environment that meets the high standards of the Summerville Sertoma Football Program. I promise to adhere to the guidelines set forth in the rules and bylaws. I understand if I cannot follow the guidelines, I will remove myself or accept my removal from my position as coach. I understand that at anytime Summerville Sertoma Football Committee can revoke my opportunity to coach for any reason. I understand that this application is applicable is good for 1 season only.

My consideration to coach will be based on several conditions, but not limited to the following: position availability, past experience, past league performance, and a complete and approved background check (green light). The background checks will be conducted by the National Center for Safety Initiatives (NCIS). I will assume the full cost of this program. I understand that NCIS will protect any of my personal information and detailed results will be kept completely confidential per the agreement between myself and NCIS.

Coaches Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**League Use Only**

Passed Background Check?  Yes  No

Certification Complete?  Yes  No

Football Committee Approval:  Approved Team: \_\_\_\_\_  Not Approved

League Commissioner Signature: \_\_\_\_\_

Program Commissioner Signature: \_\_\_\_\_