WAGONER YOUTH FOOTBALL ASSOCIATION
APPLICATION
EXHIBIT "A"

DATE:_____POSITION APPLYING FOR:_____GRADE:_____

NAME:_____
FIRST MIDDLE LAST

DATE OF BIRTH:_____S.S. # or D.L. #_____

ADDRESS:_____

CITY/STATE/ZIP:_____

HOME PHONE:_____WORK:_____CELL:_____

PLACE OF EMPLOYMENT:_____

SPOUSE:_____

NAME, AGE, & ACTIVITY OF CHILDREN ENROLLED IN WYFA: _____
_____

HAVE YOU BEEN CONVICTED OF A FELONY?_____
IF YES, PLEASE STATE FOR EACH SAID CONVICTION. THE DATE OF CONVICTION, THE OFFENSE OF WHICH YOU WERE CONVICTED AND THE COUNTY IN WHICH YOU WERE CONVICTED: _____
_____
_____

PLEASE STATE IN DETAIL YOUR PRIOR EXPERIENCE THAT WOULD BENEFIT AND ASSIST YOU IN PERFORMING YOUR DUTIES AND ACTIVITIES FOR WHICH THIS APPLICATION IS MADE:_____
_____
_____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF APPROVED, FALSIFIED STATEMENTS WILL BE GROUNDS FOR DISMISSAL."

"I AUTHORIZED WYFA AND/OR IT'S AUTHORIZED AGENT TO INVESTIGATE ANY AND ALL STATEMENTS AND INFORMATION CONTAINED WITHIN CONCERNING PREVIOUS COACHING ASSIGNMENTS AND/OR ANY PERTINENT INFORMATION, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU."

THE POSITION OF HEAD COACH OR ASSISTANT COACH, TACKLE, FLAG, BASKETBALL, OR TEAM MOM IS AN APPOINTED POSITION BY THE BOARD OF DIRECTORS OF THE WAGONER YOUTH FOOTBALL ASSOCIATION. PERSONS APPROVED AND DESIGNATED AS SUCH WILL HOLD THAT POSITION FOR AN INDEFINITE PERIOD OF TIME. REGARDLESS OF THE DATE OF APPROVAL OF POSITION, THE APPOINTEE MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE FOR WHATEVER REASON(S) THE WYFA BOARD OF DIRECTORS DEEM NECESSARY.

_____
SIGNATURE OF APPLICANT DATE

Revised 10/22/13