



BUFFALO VALLEY YOUTH ASSOCIATION VOLUNTEER APPLICATION

Name: _____
First M. Initial Last

Address: _____

City: _____ Zip: _____

Yrs at above address: _____ Email (print legibly) _____

Phone #'s: (Home) _____ (Cell) _____

Date of Birth: _____ Male/Female *Social Security # _____

Please circle the sport you want to coach:

Baseball Softball Swim Fall Baseball Volleyball Basketball Football Cheer

Applying to be:

Manager / Head Coach _____ Assistant _____ Either _____

(If requesting Head Coach Position, please fill out practice request form)

I am requesting to Manage/Head Coach in two different age / grade groups.

Division(s): _____ and _____

A SEPARATE application is required for both please.

Name(s) of your child or children: _____

Previous coaching experience: _____

As an applicant for a Buffalo Valley Youth Association (BVYA) volunteer position, I hereby attest to the truthfulness of the representations I have made. I authorize BVYA to verify the above information and waive any right to confidentiality with respect to the information requested.

Applicant Signature Date

All documents pertaining to background checks are considered confidential and are not for public review. BVYA stores this application in a secure manner and after the season is completed shreds all documents.

BVYA allows a maximum of one (1) coach to pair with each head coach prior to team selection.

*Completion of this application does not guarantee a Coaching position will be available.
Placement of Coaches will be made according to BVYA policy regarding selection of coaching staffs.
All information is required. Any applications with missing information will not be considered.*

**Applications are not complete without Social Security #*

Office Use Only Ck completed _____ By _____
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