



ROUND LAKE FOOTBALL AND CHEERLEADING ORGANIZATION

P.O. Box 957 Round Lake Beach, IL 60073
847-622-KIDS (5437)

www.rlspartans.org



COACHES APPLICATION

Full Legal Name _____

Address _____

City _____ **Zip** _____

Home Phone _____

Cell Phone _____

Work phone (optional) _____

E-mail _____

Fax _____

I am Applying to Coach: Football Cheerleading (circle one)

Desired Coaching Position: Head Assistant (circle one)

If Assistant, Name of Head Coach _____

Level:(circle one) HeavyWeight (Varsity) LightWeight (JV) Feather PeeWee Bantam

Describe your past Coaching/ Playing Experience

List any Coaching courses/ clinics attended and Training Certifications received:

Why do you want to coach in the Round Lake Spartans Program?

What is your philosophy on coaching youth sports?

Can you make monthly meeting and planned training seminars starting in February? Y – N

Additional Comments:



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Background Information

It is the goal of the Round Lake Spartans Football and Cheerleading Organization Executive Board to provide our young athletes with the most qualified coaches available who share to Round Lake Spartans Football and Cheerleading Organization's philosophy. Each application will be reviewed and/or the applicant interviewed by the respective Vice Presidents of each program and notified if they are approved. Final approval is in accordance with the Round Lake Spartans Football and Cheerleading Organization Rules and Constitution.

Applicants must also submit to a Background Check which is conducted through the Round Lake Area Park District in order to coach in the Round Lake Spartans Football and Cheerleading Organization.

If selected to coach in the Round Lake Spartans Football and Cheerleading Organization:

- I have been given a copy of, have read and agree to abide by the rules, the Codes of Conduct and the Round Lake Spartans Football and Cheerleading Organization Constitution, By-Laws and Rules.
- I agree to instruct, maintain and uphold good sportsmanship.
- I agree to teach the fundamentals of football/ cheerleading.
- I agree to attend all of the Coaches Meetings.
- I understand that failure to comply with any of these obligations can result in removal from coaching in the Round Lake Spartans Football and Cheerleading Organization.

Applicants Signature _____ Date _____

Please mail to the Round Lake Spartans, PO Box 957, Round Lake, IL 60073

(For RLSFCO use only)

Interview Required: **Yes No**

Background Check Completed: **Yes No**

Executive Board: **Approved Rejected** **Date** _____



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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

The Round Lake Spartans Football and Cheerleading Organization conducts annual background investigations on all volunteers for the safety of the volunteers, parents, participants and the organization. These checks are facilitated through the Round Lake Area Park District and are kept in strict confidentiality.

Last Name: _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

First Name: _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Middle Initial: _____ Date of Birth: _____ - _____ - _____
1 M M D D Y Y Y Y

Sex: _____ Race: _____ Social Security: _____ - _____ - _____
1 2 3 4 5 6 7 8 9

Place of Residence for the past 24 months:

1. Street: _____ 3. Street: _____
City, State, Zip: _____ City, State, Zip: _____

2. Street: _____ 4. Street: _____
City, State, Zip: _____ City, State, Zip: _____

Have you lived primarily outside the State of Illinois for the past 7 years? Yes / No

To Whom It May Concern:

I authorize you to furnish the Round Lake Park District or it's agent (Round Lake Spartans Football and Cheerleading Organization), with any and all information you have concerning me, my work record, my reputation, my medical records, my military service records and my financial status. Driving record and any criminal history record information of a confidential or privileged nature may be included. Your reply will be used to assist the RLAPD and RLSFCO in determining my qualifications and fitness for the position I am seeking with the RLSFCO. I hereby release you, your organization and other from any liability or damage which may result from furnishing the information request. Further, I understand that the above information will be used to conduct background checks. The information is needed in order to identify an applicant from someone else with the same name. Results received from a background check will be used in determining employment/ continued employment.

I agree that the above information is true and to the best of my knowledge.

Applicant's Signature Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20 ____.

NOTARY PUBLIC FOR STATE OF ILLINOIS

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE, FOR ALL INTENTS AND PURPOSES, AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.