



L O N G I S L A N D
BRONCOS
 FOOTBALL & CHEERLEADING ORGANIZATION



COACH APPLICATION

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Long Island Broncos
 P.O. Box 1726
 Seaford, NY 11783
 www.libroncos.com

Name: _____ DOB: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Desired Age Group: _____

Position Desired: () Head Coach () Asst. Coach () Cheerleading Coach

Please describe your coaching experience (s) _____

Please describe your coaching philosophy as it relates to the league level you wish to coach (i.e.) how do you decide who will play which position when, for how long, player rotation, etc.

How do you measure your success or failure as a coach? What are your goals for the team?

Have you ever received training as a coach? _____

Have you been convicted of a felony within the last ten years? (Please note that a background check may be performed) _____

If yes, please state same _____

If you need more room for any question feel free to write on the back or attach a separate sheet.

"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 of dismissal"

Signed: _____

DATE: _____