



**SOMERSET YOUTH WRESTLING CLUB
COACHING APPLICATION / BACKGROUND CHECK FORM**

FIRST NAME: _____ LAST NAME: _____

DOB: _____ AGE: _____ SSN: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

POSITION APPLYING FOR:

HEAD COACH: _____

ASST. COACH: _____

EXPERIENCE:

Have you ever been a Head Coach? If so, please list below where and how many years.

Have you ever been an Asst. Coach? If so, please list below where and how many years.

How many years of wrestling/coaching experience do you have?

If selected as a coach please make note that you will be called upon and needed to aid/assist in running practices Monday, Tuesday and Thursday evenings from 6-8PM, you will be held responsible to attend weekend wrestling tournaments, as well as clinics/camps throughout the season (November - February).

Coaches will also be responsible for helping with maintaining cleanliness of facilities used, caring for mats provided, maintaining adequate communication with participants/parents/guardians/Somerset Wrestling Board Members, and monitoring the safety of all participants.

Please note that the Somerset Youth Wrestling Club's Board Members will fill all coaching positions as they see fit. Completing the form does not guarantee you a coaching position. If there are other factors you wish for the Board to consider upon reviewing your application please disclose here:

If selected as a Coach, I, _____, hereby agree to represent Somerset Youth Wrestling club to the best of my ability and will strive to teach all participants to be the best athlete they can be. I will teach and lead by example. Therefore, I understand that I will be subject to the discipline and control of the Somerset Youth Wrestling Club Board and if actions warrant, I could be suspended or removed as a Coach.

Furthermore, I authorize Somerset Youth Wrestling Club to conduct a background check to verify that there are no felonies or violent/physical crimes that would be unacceptable/inappropriate for me to hold a youth coaching position.

SIGNATURE OF APPLICANT: _____