

## Foxboro Youth Football Coaching Application

Name:

Address:

Phone:

E mail address:

Child in the p	rogram: Yes		No	what	level 2025	
Position applied for: Head Coach				Assistar	Level	
preferred: 8 <sup>th</sup> _	7 <sup>th</sup>	6 <sup>th</sup>	5 <sup>th</sup>	4 <sup>th</sup>	3 <sup>rd</sup>	K1
Flag2 <sup>nd</sup>	<sup>1</sup> Flag					
Are you willing to coach at another level? Yes					No	_Specialty:
Offense	Defense	Spec	cial Tear	ns	List experience	
coaching child	dren:					

List other involvement with youth activities:

Do you object to a CORI check (Criminal Offense Record)? Yes	No
Have you had Darkness to Light training in the past 4 years? Yes	_No

Your shirt size:

Please return to: Scott Cicerone <u>ciceronescott@gmail.com</u> Phone (781) 702-0736

\*\*Submitting an application does not guarantee a coaching position. Candidates will be reviewed by a coaching committee and require FYFC Board approval to be selected.