



Barnstable Silver Bullets Coaching Application

Please Return by Jan. 1, 2009

Name _____ Home Phone _____

Address _____ Cell Phone _____

Village _____ E-Mail Address _____

Have you previously been a Silver Bullets' Coach? _____

What level did you coach? (e.g., Mites, Pee Wees, Midgets) _____

What Division did you coach? (e.g., Div. 1, 2, etc.) _____

How many years have you coached in the Silver Bullets program? _____

What level would you like to coach? _____

What coaching position are you interested in? (e.g., Head Coach, Asst., etc.) _____

Please list your coaching experience and strength by position from 1-5 (1-least, 5-most)
Linemen ___ Backs ___ Quarterback ___ Linebacker ___ Receivers/Ends _____

Please list your coaching experience and strength by type from 1-3 (1 – least, 3 – most)
Offense _____ Defense _____ Special Teams _____

Please List Your Playing Experience _____ Youth _____ High School
College _____ Professional _____

Do You have any other coaching experience? _____ (List on reverse, if necc.)

On the reverse side of this form, please write any additional comments, ideas, concerns or suggestions you may have for the Barnstable Silver Bullets youth football program.

Please return this form by Jan. 1, 2009 to: Kim Christian, P.O. Box 1928, Cotuit, MA 02635. All Coaches must undergo a Criminal Background Check.