



Bonnyville Amateur Football Association

COACHING APPLICATION

Application Date _____

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Postal Code _____ Date of Birth _____

E-mail Address _____ *NCCP CC# _____

* New coaches will be required to complete National Coaching Certification Program's Coaching Certification courses within their first year in order to coach the next following year. The Bonnyville Amateur Football Association will pay for registration, travel, and lodging.

Are you a returning coach from last season? ☐ No ☐ Yes if yes, which team? _____

Competition Level: ☐ Pee wee ☐ Bantam ☐ High School

Which position you are applying for: ☐ Head Coach* ☐ Assistant Coach ☐ Team Manager

*Head Coach applications must be approved by Bonnyville Amateur Football Association executive

Do you have children who are participating? ☐ No ☐ Yes if yes, please fill out below

Name _____ Age _____ Team _____

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Your past coaching experience (education, experience, number of years, ect.).

Do you have the MAKING HEADWAY IN FOOTBALL, concussion course completed: ☐ Yes ☐ No

If yes, provide a copy of your certificate or screen print of your Coaching Locker.

Do you have the SAFE CONTACT, course completed: ☐ Yes ☐ No

If yes, provide a copy of your certificate or screen print of your Coaching Locker.

Do you have past football playing experience? (level, number or years, ect.)

By signing below you will be required to complete a Criminal Record Check and sign, and adhere to, Bonnyville Amateur Football's Code of Conduct.

Signature _____ Date _____

*Applications are to be completed by **March 1, 2026** and can be emailed to: bonnyvillefootball@gmail.com*

Administrative Area – Do not write in

Completed: ☐ Coaching Application ☐ Criminal Record Check ☐ Code of Conduct ☐ Concussion Course

☐ Safe Contact Course

Copy: ☐ Team Manager ☐ Board (Head Coach Application)