

ST. JUDE YOUTH ATHLETIC COMMITTEE

Coaching Application Form

NAME _____ TELEPHONE: (H) _____

ADDRESS _____ (C) _____ (W) _____

CITY/ST/ZIP _____ E-MAIL: _____

MEMBER OF ST JUDE PARISH? YES _____ NO _____ IF YES, SINCE WHEN _____

MINISTRIES YOU ARE INVOLVED IN AT ST JUDE PARISH:

DO YOU HAVE CHILDREN WHO WILL BE PARTICIPATING IN ST JUDE ATHLETIC MINISTRY? YES _____ NO _____

NAMES AND CURRENT GRADE LEVEL OF CHILDREN: _____

PLEASE INDICATE WHICH SPORT(S) YOU ARE INTERESTED IN VOLUNTEERING TO COACH

____ FOOTBALL ____ CHEER LEADING ____ TRACK/CROSS COUNTRY ____ GIRLS KICKBALL

____ SOFTBALL ____ BASEBALL ____ SOCCER ____ WRESTLING

____ VOLLEYBALL ____ BASKETBALL(GIRLS) ____ BASKETBALL (BOYS)

____ Head Coach ____ Asst Coach ____ Wherever Needed Level: A ____ B ____ C ____

PLAYING EXPERIENCE

Please describe playing experience for those sports played at the high school level or beyond.

<u>SPORT</u>	<u>YEARS PLAYED</u>	<u>SCHOOL/TEAM</u>	<u>POSITIONS PLAYED</u>	<u>HONORS, AWARDS, ETC.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS COACHING EXPERIENCE

<u>SPORT</u>	<u>YEARS COACHED</u>	<u>SCHOOL/LEAGUE</u>	<u>HEAD COACH OR ASST</u>	<u>HONORS, AWARDS, ETC.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INFORMATION YOU WANT THE YOUTH ATHLETIC COMMITTEE TO CONSIDER :

COACHING AND VOLUNTEERING IN ST JUDE ATHLETIC MINISTRY WILL REQUIRE THE FOLLOWING:

____ BACKGROUND CHECK ____ SAFE & SECURE ____ VIRTUS TRAINING ____ CYO/ASEP CERTIFICATION