

ST. JAMES ATHLETIC ASSOCIATION

APPLICATION FOR COACHING POSITIONS

1. NAME:
2. ADDRESS:
3. PHONE: _____ (Day) _____ (Evening)
E-mail: _____
4. For which team(s) do you desire to be a coach?

BASKETBALL:

Varsity _____ Boys _____ Girls _____
JV _____ Boys _____ Girls _____
JJV _____ Boys _____ Girls _____ (instructional)

SOCCER:

Varsity _____ Fall _____
JV _____ Spring _____
JJV _____ (Instructional) Both _____

CHEERLEADING

Grades 3-8 _____

CROSS COUNTRY:

Grades 3-8 _____

5. Do you desire to be a head coach or assistant coach?
Head Coach _____
Assistant Coach _____ (Skip question 6)
6. If you are not appointed as the head coach, are you still interested in participating as an assistant coach?
Yes _____ No _____
7. Are you interested in the coaching position(s) noted above only if your son/daughter is a member of the team(s) you desire to coach?
Yes _____ No _____
8. Have you become certified to coach by:
a. **securing Act 33/34 clearance, and**
b. **Viewing the coaches tape prepared by the Diocese, attended the Protecting Gods Children class sponsored by the Diocese and read the Pastoral Code of Conduct and signed the pledge?**
Yes _____ No _____
9. Have you coached children before:
Yes _____ No _____

If yes, please describe your experience: (use the back if necessary)

10. Please detail any other qualities or attributes which you believe qualify you for the coaching positions(s) you desire (*i.e.*, schooling or training as a coach, prior achievements or honors as a coach, experience as a player/participant in the sport/activity you would like to coach, experience in working successfully with children, etc.): (use the back if necessary)

Date: _____ Signature: _____