



St. Jude CYO Coaching Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you over 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, indicate your age:	
Are you a certified CYO coach?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, year of certification:	
Have you attended a Virtus session?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, date of session:	
Have you been fingerprinted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, date & location:	

QUALIFICATIONS				
Coaching Position Applying for:	Volleyball <input type="checkbox"/> Head <input type="checkbox"/> Assist Grade: _____	Basketball <input type="checkbox"/> Head <input type="checkbox"/> Assist Grade (B/G): _____	Football <input type="checkbox"/> Head <input type="checkbox"/> Assist Grade: _____	Cheerleading <input type="checkbox"/> Head <input type="checkbox"/> Assist Grade: _____
Have you <u>played</u> this sport?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list levels and # of years:		
Have you <u>officiated</u> this sport?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list levels and # of years:		
Have you <u>coached</u> this sport?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list levels and # of years:		
Have you coached/been involved in Catholic Youth sports?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list sports, parish, grade, gender:		
Have you been involved in other youth sports programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list sports, years, organization:		
Have you ever been disciplined or removed from a program by another parish, program or organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:		

Are you active in other parish activities? YES NO If yes, list activities and dates:

Why do you want to coach? Please identify coaching strengths.

ACKNOWLEDGEMENTS AND SIGNATURE

I certify that the above answers are accurate and true to the best of my knowledge. I agree to abide by Parish rules, CYO rules and league rules in the execution of coaching duties. I will comply with the Code of Conduce of the Parish and CYO. I understand that to coach, I must be approved by the Pastoral Designate. I understand the roster rules, the game limits, fingerprinting and VIRTUS policies, as prescribed by the Cleveland Diocese and the Parish. Also, I understand that the Coaches Orientation/Certification programs and/or courses must be completed prior to coaching. Failure to attend will disqualify me from future coaching. I understand that I am required to volunteer for various St. Jude's Sports Committee fund-raisers, tournaments, and other events. I understand that I must attend annual CYO coaches' meetings by sport. I also understand that as a volunteer coach, the Parish has the right to end my coaching position as deemed, despite a satisfactory performance.

Signature	Date
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Pastoral Designee Approval: Accepted: _____ Rejected: _____

Signature of Pastoral Designee: _____ Date: _____

If applicable, Sport Commissioner Review Date: _____ Approval: Accepted: _____ Rejected: _____