



**VISITATION B.V.M. PARISH
APPLICATION TO COACH IN THE
PARISH ATHLETIC PROGRAM**

NAME _____ PHONE (Home) _____

ADDRESS _____ PHONE (Work) _____

CITY _____ ZIP _____

OCCUPATION _____

SPORT _____ GRADE DESIRED _____

NAMES, AGES OF CHILDREN _____

If more than 4 children – others _____

ARE YOU HIGH SCHOOL AGE (9TH GRADE) OR OLDER? _____

COACHING EXPERIENCE

Have you coached Catholic Youth Sports before? _____ If yes, list sports, dates, grades and parishes:

Have you coached other youth sports before? _____ If yes, list sports, dates, grades and organizations _____

Have you worked with youth previously in programs other than sports? _____ If yes, list

Are you active in any other parish organizations (list)? _____

Are you certified in Red Cross first aid? _____ CPR? _____

ADDITIONAL QUESTIONS

Why do you want to coach?

How do you see your role of a coach as a minister to youth?

What goals do you have for the coming season?

What are the areas that you have a need for training?

Have you ever been disciplined or removed by another parish program, or by any other youth-serving organization? _____ If yes, please detail:

I certify that the above answers are accurate and true to the best of my knowledge. I will agree to abide by the parish and league rules, the Code of Conduct, and the direction of officials as a volunteer coach. I understand that to coach, I must be accepted by the parish organization and complete Diocesan Coaches Certifications requirements by attendance annually at a Coaches Certification Workshop for the sport I wish to coach.

Date _____ Signature _____

Interviewed by _____ Date _____

Accepted _____ Grade/Sport Assigned _____

Rejected _____

Signed _____ Athletic Director