

**St Joseph Catholic School
Prospective Coach Information**

Name: _____	Date: _____
Contact Phone # _____	e-mail _____
Have you taken Save Environment Training?	Yes No If yes when? (00/0000) _____
Have you completed a diocesan background check?	Yes No If yes when? (00/0000) _____
Do you have a student that will play on this team?	Yes No Student's Name _____

Sport you wish to coach: _____ Girls Boys (circle one)

Do you want the position of Head Coach Assistant Coach (circle one)

NOTE: A form must be completed for each sport you wish to coach.

Have you coached this sport before? Y N

Which organization did you coach through? _____

Have you within the last 18 months attended a coaching clinic directly related to this sport? Yes No

If yes please give the name of the clinic. _____

Does your job allow you the flexibility to make weeknight practices and/or games? Yes No

List weeknights that would best fit your schedule for practice: _____

Briefly describe why you want to coach and tell us what makes you a great candidate for this position.

By signing below I attest that this form was completed by no one other than myself.

Signature: _____

Date: _____