

St. John XXIII Coaching Application

Name: _____ Home Phone: _____

Address: _____

E-Mail: _____ Cell Phone: _____

CPR/First Aid Certified? _____ Fingerprinted w/Diocese? _____ Current Called To Protect Class? _____

Sport interested in Coaching: _____ Level: 5 6 7 8 (please circle)

Please describe prior coaching experiences (include level of competition and number of years coaching):

Personal playing experience:

Why do you want to coach a team sport at Saint John XXIII?

What is your coaching philosophy for the desired age group?

Please list three personal references:

- 1.
- 2.
- 3.

Coaching Contract

I have read and understand the Saint John Athletic Handbook (CYAA philosophy and the role of the coach at Saint John XXIII). I agree to commit to its intended purpose and to support, follow and encourage the commitments, philosophies and expectations contained in this contract.

Coaches Name: _____ **Phone Number:** _____

Coaches Signature: _____ **Date:** _____