

ST. JOHN VIANNEY CATHOLIC SCHOOL ATHLETIC COACHING APPLICATION FOR
2018-2019 SCHOOL YEAR

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Ph: _____ Work Ph: _____ Cell Ph: _____
Fax: _____ Email: _____
Best Way to Contact You for an Interview: _____

COACHING POSITIONS FOR WHICH YOU ARE APPLYING

(Please circle all that apply)

Cross Country	Gr. 4 th -8 th	Aug. 20, 2018 thru Oct. 11, 2018
Volleyball	Gr. 5 th -8 th	Oct. 15, 2018 thru Dec. 16, 2018
_____ A Team	_____ B Team	
Basketball	Gr. 4 th	Oct. 15, 2018 thru Dec. 16, 2018
Basketball	Gr. 5 th -8 th	Jan. 2, 2019 thru Mar. 17, 2019
_____ Girls A Team	_____ Girls B Team	_____ Boys A Team _____ Boys B Team
Track	Gr. 4 th -8 th	Apr. 8, 2019 thru May 25, 2019

PREVIOUS EXPERIENCE:

List any specific skills, experience, or relevant organizational affiliations:

List previous coaching positions:

1.			
Position	Reference Contact	Phone number	
2.			
Position	Reference Contact	Phone number	
3.			
Position	Reference Contact	Phone number	

Write a brief statement explaining your philosophy of recreation and sports.

EMPLOYMENT RECORD

List Most Recent Employer First District employees

Employer Name	Address	Position Held	Dates Employed From To	Supervisor	Phone

GENERAL QUALIFICATIONS

YES NO

- Are you twenty-one (21) years of age or older?
- Do you have any disability, handicap or medical condition that may prevent you from handling the responsibility for which you are applying?
- Have you completed the Diocesan Training "Protecting God's Children for Adults"?

References: List name and phone number of 2 personal references **other than family**:

Name: _____ Phone: _____
Address: _____ Relationship: _____
Name: _____ Phone: _____
Address: _____ Relationship: _____

In case of emergency, please contact:

Name: _____ Phone: _____
Do you have medical insurance? Yes _____ No _____
Name of company: _____ Policy No. _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission will cause forfeiture of all eligibility to volunteer with St. John Vianney Catholic School. I also hereby give my permission for St. John Vianney Catholic School to conduct a criminal history check and to forward any and all information obtained to the volunteer coordinator. I understand that this information may be used for the specific purpose of evaluating my fitness for duty, and that continued service may be contingent upon satisfactory completion of this background investigation. My signature below acknowledges my understanding and agreement with the above.

Signature: _____ Date: _____