



St. Mary Avon Athletic Boosters CYO Coaches 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:	Cross Country <input type="checkbox"/> Head <input type="checkbox"/> Assist	Volleyball <input type="checkbox"/> Head <input type="checkbox"/> Assist Grade: _____	Basketball <input type="checkbox"/> Head <input type="checkbox"/> Assist Grade (B/G): _____	Cheerleading <input type="checkbox"/> Head <input type="checkbox"/> Assist Grade: _____	Baseball <input type="checkbox"/> Head <input type="checkbox"/> Assist Grade: _____	Other <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 worked with youth in non-athletic programs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list activities and dates:						

Are you active in other parish activities?

YES NO

If yes, list activities and dates:

Why do you want to coach?

ACKNOWLEDGEMENTS AND SIGNATURE

I certify that the above answers are accurate and true to the best of my knowledge. I agree to abide by the Charter/Bylaws of St. Mary Avon Athletic Boosters and the Diocese of Cleveland CYO. I will comply with the Coaches Code of Ethics and Conduct of St. Mary Avon Athletic Boosters and agree to meet the training requirements needed. I understand that to be a volunteer/coach I must be approved by the St. Mary Avon Athletic Boosters Committee and the Pastor of St. Mary of the Immaculate Conception Parish. I understand that I am required to be fingerprinted prior to the start of the season and that the Virtus program must be attended and continued through the required updates. Failure to meet any of these requirements will disqualify me from this position. I agree to accept actions taken for failure to abide by any of the guidelines set forth and understand that St. Mary Avon has the right to end my position as deemed necessary.

Signature

Date