

**COACHING APPLICATION**

**St. Joan of Arc Athletic Association  
2011-2012 School Year**

**PLEASE PRINT!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Contact Information:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ e-mail \_\_\_\_\_

I am applying to coach: (List all sports you wish to coach during this school year)

<b>Sport</b>	<b>Grade</b>	<b>Head Coach</b>	<b>Asst. Coach</b>

Son/Daughter's Name/s: \_\_\_\_\_

I have attended a Protecting God's Children Workshop: Yes \_\_\_\_\_ No \_\_\_\_\_

I have a background check form on file with the parish office: Yes \_\_\_\_\_ No \_\_\_\_\_

I hold a valid CPR/AED certification: Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Coaching / Playing Experience, Other Relevant Youth Supervision Experience and Reasons for wanting to coach (**Please use other side of this form if additional space is needed.**)


As an SJA coach, I agree to submit to a background check conducted by Joliet Diocese. I further agree to abide by the guidelines and rules as set forth by St. Joan of Arc School and Athletic Association, Joliet Diocese and League governing the individual sport. \*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE:

- Copies of SJA, Diocesan & League guidelines and rules are available upon request.
- The SJA Athletic Association Executive Committee reviews all coaching applications. Recommendations are submitted to both the Athletic Director and Principal for final approval