

ST. JOHN VIANNEY CATHOLIC SCHOOL ATHLETIC COACHING APPLICATION FOR  
2019-2020 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 <sup>th</sup> -8 <sup>th</sup>	Aug. 20, 2019 thru Oct. 17, 2019
Volleyball	Gr. 5 <sup>th</sup> -8 <sup>th</sup>	Oct. 14, 2019 thru Dec. 15, 2019
_____ A Team	_____ B Team	
Basketball	Gr. 4 <sup>th</sup>	Oct. 14, 2019 thru Dec. 15, 2019
Basketball	Gr. 5 <sup>th</sup> -8 <sup>th</sup>	Jan. 2, 2020 thru Mar. 15, 2020
_____ Girls A Team	_____ Girls B Team	_____ Boys A Team _____ Boys B Team
Track	Gr. 4 <sup>th</sup> -8 <sup>th</sup>	Apr. 14, 2019 thru May 22, 2020

**PREVIOUS EXPERIENCE:**

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

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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.

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**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: \_\_\_\_\_