



St. Peter Coaching Application

Football Volleyball Cross Country Wrestling Boys Basketball
Girls Basketball Cheerleading Track

(Circle the sport you are interested in coaching)

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail Address: _____

Place of Employment: _____

Occupation: _____

Employer Address & Phone: _____

Please provide two references who are able to give specific information on your coaching experience:

NAME	HOME PHONE	WORK PHONE

Describe any formal/informal training or coaching experience you have had as a coach or a volunteer and why you would be a good candidate to coach

COACHING APPLICATION, Cont.

Grade Level you would like to coach? _____ Girls Boys Either (Circle One)

Are you willing to be a Head Coach?	Yes	No
Would you be willing to coach a team your child was not on?	Yes	No
Are you willing to coach an A, B, or C Team?	Yes	No
Are you a registered member of the St. Peter Parish?	Yes	No
Are you willing to follow the policies & procedures of the Program?	Yes	No
Are you willing to sign a Coach's Agreement?	Yes	No
Would you be willing to be an Assistant Coach?	Yes	No

***** ALL COACHES MUST SIGN THE WICHITA CATHOLIC DIOCESE POLICY ON SUSPECTED ABUSE OF CHILDREN & ATTEND A VIRTUS TRAINING SESSION.**

Applicant Signature: _____

Date: _____

Verification of VIRTUS Certification:	
Virtus Training Received:	Yes No
Verified by Virtus Coordinator:	_____
Date:	_____