

St. Mary's Elementary School

Coach Application

Thank you for your interest in coaching an athletic team at St. Mary's Elementary School. Coaching appointments are recommended by the Athletic Advisory Committee after consideration of the needs of our student athletes.

Sport: _____

Grade Level: _____

Position: Head Coach
 Assistant Coach

Name _____

Street Address _____

Town _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

It is a diocesan requirement that all coaches maintain CPR and VIRTUS training.

VIRTUS Training: Yes
 No

If you are not VIRTUS trained, register online for a VIRTUS workshop, visit:

<http://www.buffalodiocese.org/protecting-gods-children-workshop-registration>

Date and location of training you will be attending: _____

CPR: Yes
 No

RK

If you are currently not certified CPR certified, contact athletic coordinator about upcoming certification opportunities.

List any and all experience that you may have had in coaching this sport.

List any and all experience that you may have had working with children in the relevant grade level(s).

What is your personal philosophy of coaching elementary school sports?

Why would you like to coach this team?

What three goals would you have for this team?

- 1.
- 2.
- 3.

Signature _____ Date _____