



HOLY TRINITY ATHLETIC ASSOCIATION

Application for a Coach in CYO Athletic Programs



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:	___ Football <input type="checkbox"/> Head <input type="checkbox"/> Assist	___ Volleyball <input type="checkbox"/> Head <input type="checkbox"/> Assist	___ Basketball <input type="checkbox"/> Head <input type="checkbox"/> Assist	___ Baseball <input type="checkbox"/> Head <input type="checkbox"/> Assist
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?

What are your strengths as a coach?

How do you see the role of a coach as a minister to the youth in the Catholic Church?

REFERENCES		
<i>Please list three references you give permission to contact (if deemed necessary).</i>		
Full Name	Relationship	Phone
Full Name	Relationship	Phone
Full Name	Relationship	Phone

ACKNOWLEDGEMENTS AND SIGNATURE	
<p>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 the Holy Trinity Athletic Association and the CYO and specific sport rules in the execution of my duties. I will comply with the Code of Conduct of the Holy Trinity Athletic Association and CYO and agree to meet the training requirements needed. I understand that to be a volunteer/coach I must be approved by the Pastor and the Pastoral Designee of Holy Trinity according to the Charter/Bylaws of the Holy Trinity Athletic Association. 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 these requirements will disqualify me from this position. I also understand that the CYO and Holy Trinity has the right to end my position as deemed necessary, despite satisfactory performance.</p>	
Signature	Date

OFFICE USE ONLY	
Date received	Date reviewed
<input type="checkbox"/> ACCEPTED	Sport/Team Assigned
<input type="checkbox"/> NOT ACCEPTED AT TIME OF APPLICATION	Note
<input type="checkbox"/> REJECTED	Note
HTAA Signature	Date