

Monroe CYO Coach Candidate Form

Name: _____

Parish you would like to coach for (if an option): _____

Parish you attend mass at : _____

Sport: _____ Grade: _____ Season: _____

Phone Numbers: **Cell:** _____ **Home:** _____

Email Address: _____

Mailing Address: _____

Preferred Practice Times and Days:

Practice times and days that I CANNOT MAKE:

Have you completed a Background Check (if yes add date)?

Have you attended Protecting Gods Children Workshop (if yes add date)?

Have you completed 'Heads up' online training (if yes add date)?

Please explain the reason why you would like to coach this team:

Please list your coaching experience:

Please list your prior experience with the sport you would like to coach:

List any other experiences you may have working with children:

The final determination of coach appointment will be made by the Monroe CYO Athletic Board. In order to be considered, applicants are required to accept the following selection process.

- 1) If interviews are required, the input from the coach candidates will pertain only to their reasons for coaching.
- 2) All members of the Committee and the Athletic Director agree that discussions leading to selection will remain strictly confidential.

Signature:

Date:

Completed applications should be saved and emailed - or hard copy printed and returned

to: **St. Mary School Office**
Attn: Sarah Olson
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