

SFA 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 Employme	ent:			
Occupation:				
Employer Address	& Phone:			
Please provide two coaching experien	o references who are able to giv ce:	e specific information on your		
NAME	HOME PHONE	WORK PHONE		
		erience you have had as a coach or		

SFA COACHING APPLICATION, Cont.

Are you willing to be a Head Coad	ch?	Yes	No
Would you be willing to coach a t	eam 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 S	St. Francis of Assisi Parish	Yes	No
Are you willing to follow the police Program?	Yes	No	
Are you willing to sign a Coach's	Yes	No	
Would you be willing to be an As	sistant Coach?	Yes	No
Applicant Signature:			

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