



# Coaching Application

(Please forward attention to the Athletic Director)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## For which coaching position would you like to be considered?

Grade \_\_\_\_\_ Girls/Boys \_\_\_\_\_ Sport \_\_\_\_\_  
Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

## Coaching Experience

Sports/Organization	Grade/Age
_____	_____
_____	_____
_____	_____
_____	_____

## Diocesan/School Requirements

1. Have you attended/completed "Protecting God's Children" class?  
YES/NO
2. Do you have your background check form on file in school office?  
YES/NO
3. Do you have AED/CPR certification?  
YES/NO
4. Are you aware of IHSA concussion management guidelines?  
YES/NO
5. If you answered NO to any of the questions above, do you agree to fulfill  
above requirements prior to start coaching at St. Thomas?  
YES/NO



How can you contribute to a positive athletic experience for our student athletes? (Use additional space if needed)

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**Other**

Please provide any other pertinent information not covered above

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I agree to abide by all the policies and requirements set forth in the St. Thomas Athletic Handbook and the NSCC constitution and By-Laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_