

ST. JOHN VIANNEY ATHLETIC COMMITTEE

Coaching Questionnaire

IMPORTANT NOTE: If you coached last season and plan to coach the same class this year (same students), you do not need to complete this form. Also, for Parents of 7th and 8th Graders, your desire to coach WILL NOT be used to determine the placement of your child on an A or B Level Team.

Applicant Name: _____

What Sport Would You Like to Coach?

Sport	Head or Ass't Coach	Grade	Boys/Girls

Prior Coaching / Officiating Experience(s):

Sport	Dates (Year)	Grade/Age Level	Gender	School / Organization

Prior Participation as a Player in the sport you desire coaching: (Check all that apply)
___ College; ___ High School; ___ AAU; ___ Grade School; ___ Muni/Church/Rec League

Are you currently involved in the sport? How? _____

How would you measure a successful season? _____

What is your motivation for coaching? _____

What qualities do you feel describe a qualified coach? _____

What role(s) do you expect an assistant coach to serve? _____

Have you taken the required **Safeguarding All of God's Family** (formerly Virtus training) training?

YES _____ If yes, date _____ NO _____

Have you reviewed the blood born pathogen video? YES _____ If yes, date _____ NO _____

Have you taken the sports specific clinic? YES _____ If yes, date _____ NO _____