

**St. Thomas More Athletic Boosters Club**

**Coaching Application**

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

Address: \_\_\_\_\_

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

Grade Level Interested in Coaching: \_\_\_\_\_

Circle one:            Boys                                  Girls

Have you previously coached at STM?                                  \_\_\_\_\_ Yes

Have you previously coached elsewhere?                                  \_\_\_\_\_ Yes

If yes, where?                                  \_\_\_\_\_

Have you ever had an incident with a referee resulting in your being ejected from a game?                                  \_\_\_\_\_ Yes

Have you completed the modified Child Protection Program?                                  \_\_\_\_\_ Yes

Have you completed the background check and fingerprinting requirement?                                  \_\_\_\_\_ Yes

Please list any references or previous athletic experience you makes you qualified to coach at STM.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Athletic Dir:                                  \_\_\_\_\_                                  Date: \_\_\_\_\_

Board Member:                                  \_\_\_\_\_                                  Date: \_\_\_\_\_