

Coaching Application Form

Thank you for your interest in coaching in the very important Athletic Ministry. Please fill out a form below for the sport which you are wanting to coach.

* Required

First Name *

Last Name *

Address Line 1 *

Address Line 2

City *

State *

ZIP Code *

Home Phone Number *

() - ext.

Cell Phone Number

() - ext.

Work Phone Number

() - ext.

Email Address *

Are you a member of St. Jude Parish? *

☐ Yes

☐ No

If yes, since when?

Ministries you are involved in at St. Jude Parish: *

Do you have children who will be participating in St. Jude Athletic Ministry? *

☐ Yes

☐ No

What are their names and grade levels?

Please indicate what sport you are applying to coach: *

What position would you like to be?

☐ **Head Coach**

☐ **Asst. Coach**

☐ **Whatever is needed**

What Level?

☐ **A**

☐ **B**

☐ **C**

Please describe your athletic experience as an athlete and/or as a coach: *

Other information you want the Youth Athletic Committee to Consider:

I have completed all Safe Environment training required by St. Jude and the Archdiocese of Indianapolis. *

☐ Yes

☐ No

Submit



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