

ST. BARNABAS ATHLETIC PROGRAM

Coaching Candidate Questionnaire

Date: _____

Name: _____ **Phone #'s:** _____

Address: _____ **Email:** _____

Sport: _____ **Grade Level:** 4th ___ 5th/6th ___ 7th/8th ___ **High School** _____

Head Coach ___ **Asst Coach** ___ **Level:** A ___ B ___ C ___

Parish Member: Y ___ N ___ **Since:** _____ **Age: (only if 25 or under)** _____

Names and Current Grade Level of Children: _____

Your Experience Playing and/or Coaching:

Names and Phone Numbers of Coaching References:

Coaching in the CYO Program at St. Barnabas Parish will require the following:

- 1) **Background Check**
- 2) **Archdiocesan VIRTUS training**
- 3) **CYO Certification**
- 4) **Parish Membership In Good Standing**
- 5) **Review and Compliance with St. Barnabas Athletic Committee By-Laws**