

Catholic Charities / Parish and Community Ministries Youth & Young Adult Ministry and CYO Office



## Application for a Coach/Volunteer in CYO Athletic Programs

Position Applying For:					
Parish/Location:					Sport:
Name:			_	Phone (Ho	me):
Address:			_	Phone (We	ork):
City:			_	E-N	Iail:
Employer:					tion:
Are you over 18 years of age?	YES	NO		If no	t what is your age:
Are you a certified C.Y.O. Coach?	YES	NO	Year of Certification:		
Are you certified in First Aid/CPR?	YES	NO	Expiration Date:		
Have you attended a Virtus Session?	YES	NO		If yes, Date of Session:	
Have fingerprints been taken at your parish?	YES	NO		If ye	s, may we request a copy? YES NO
Have you been convicted of any violation of the l If yes, give full particulars of every conviction does not constitute an automatic bar to this p	n. Include				YES NO sition & location. The existence of a criminal record
Have you coached/been involved in Catholic You	th Sports?		YES	NO	If yes, list sports, years, parish, grade.
Have you been involved in other youth sports pr	ograms?		YES	NO	If yes, list sports, years, organization.
Have you worked with youth in non-athletic pro	grams?		YES	NO	If yes, list activities and dates:
Are you active in other parish activities?			YES	NO	If yes, list activities and dates:
Have you ever been disciplined or removed by an	nother par	ish, prog	ram or org	anization?	<b>YES NO</b> If yes, give an explanation.
Why do you want to Coach?					
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How do you see the role of a coach as a minister to the youth in the Catholic Church?

## **References - You are Required to Provide Three**

Name	Relationship	Phone

I certify that the above answers are accurate and true to the best of my knowledge. I agree abide by the Parish and CYO Charter/Bylaws and sport rules in the execution of my duties. I will comply to the Code of Conduct of my parish and CYO and meet the training requirements needed. I understand that to be a volunteer/coach I must be approved by the Pastor and the Pastoral Designee of the CYO Member. I understand that I am required to be fingerprinted prior to the start of the season and that the Virtus program must be attended and continued through the required updates. Failure to meet these requirements will disqualify me from this position. I also understand that the CYO and member has the right to end my my position as deemed, despite satisfactory performance.

I hereby give my parish/CYO permission to contact my employer, references and others they find necessary in determining my eligibility for this position. Also, I will not hold any of the above, nor individuals, liable for furnishing the information requested, and waive my right to receive written notice of any such information provided. Because of the nature of our program, each candidate will be subject to a routine inquiry with respect to relevant background information. Each case is evaluated on an individual basis and reviewed in terms of, among other things, the severity of the issue, when it occurred and the position sought. I hereby acknowledge that I have read and understand the above statements. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith, and that I have withheld nothing that would if, disclosed, affect this application unfavorably.

Signature:		Date:	
	OFFIC	E USE ONLY	
Date of Received:	UTTIC	Sport:	
Reviewed by:		Date Reviewed:	
Accepted	Rejected	Team Assigned:	
CYO Signature:		Title:	
Date:			