ASCENSION ATHLETIC BOARD
COACH'S APPLICATION

Name_____

Address_____
(City) (Zip Code)

Home Phone_____Work Phone_____

Sport interested in coaching:_____

Head Coach ___ Assistant Coach ___(check one) Girls___ Boys___ Grade_____

Please answer the following:

Have you been fingerprinted by the Archdiocese of Cincinnati? Yes___No___
Have you attended the orientation on the Degree of Child Abuse of the Archdiocese of Cincinnati? Yes___No___
If yes, at which Parish did you attend?_____
Are you at least 18 years of age? Yes___No___
Are you currently an Ascension Parish member? Yes___No___
Are you a parent of a player on the team you wish to coach? Yes___No___

Please indicate you coaching experience in this particular sport.
_____
_____
_____

Please indicate any training that you have received in this particular sport.
_____
_____
_____

Please indicate your overall coaching experience.
_____
_____
_____

Please indicate your past history with a particular Ascension team, if any.
_____
_____
_____

I have read and will abide by the Operating Philosophy outlined in section II of the Ascension Athletic Program Handbook.

Signature of Applicant:_____Date:_____