



COACHES AGREEMENT

NAME:	HOME PHONE:	CELL PHONE:
ADDRESS:	CITY:	ZIP:
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	

COACHING EXPERIENCE:

SPORT(S):	DATES:

Are you certified as a coach or referee in any sport? Yes No

IF YES, WHAT?
WHEN?

Have you undertaken a "coaching" seminar or course? Yes No

IF YES, WHERE?
WHEN?

Are you First-aid/CPR/AED certified? Yes No

Do you maintain a valid Wis. Drivers license? Yes No License #: _____

Have you incurred any traffic citations in the last three years? Yes No

IF YES, WHAT?
WHEN?

Have you ever been convicted of, or pled guilty, or nolo contendere to, an offense, (including felony, misdemeanor or municipal ordinance) or are you now subject to a pending criminal charge?

Yes No If yes, describe in detail on a separate piece of paper.

I _____ wish to participate in the sport of _____ as a coach or coaches' assistant. I have reviewed the Archdiocesan rules and regulations for the previously mentioned sport and agree to abide by them.

I certify that the information provided by me above is true and complete to the best of my knowledge. I understand that if I am accepted as a coach, any false statements or omissions may lead to termination of my duties, and I agree that the parish/school shall not be held liable in any respect if my volunteer assignment is terminated for this reason.

I authorize the parish/school to verify the information stated above by means of a criminal records check. I agree to follow the policies of the Archdiocese and the parish/school, and I pledge to join with the church in its efforts to provide a safe and secure environment for our children and youth.

SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.