

**SAINT JAMES ELEMENTARY SCHOOL
COACH'S APPLICATION FORM**

Please circle sport applying to coach:

XCOUNTRY **S**OCCER **B**ASKETBALL **C**CHEERLEADING **G**OLF **T**RACK **B**ASEBALL **S**OFTBALL

Level: JV ___ VARSITY ___ GIRLS ___ BOYS ___ HEAD ___ ASSISTANT ___

PERSONAL INFORMATION:

Name: _____ SSN#: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Email Address: _____

How long at this address: _____ Drivers License #/State: _____

List all other states that you have resided in: _____

Auto Insurance Company: _____ Policy #: _____

Current Employer: _____ Address: _____

City/State/Zip: _____ Work Phone: _____ How long employed? _____

Do you have children at St. James School? YES/NO Grades: _____

Are you Rutgers Certified? _____ Are you available for weekday practices/Games? _____

How many days a week are you available? 2:30-4:30 _____ 4:30-6:30 _____ 6:30-8:30 _____

PERSONAL REFERENCES:

Name: _____ Address: _____

City: _____ Phone #: _____

Name: _____ Address: _____

City: _____ Phone #: _____

Name: _____ Address: _____

City: _____ Phone #: _____

COACHING / PLAYING EXPERINEECE:

Have you coached before? _____ What Sport(s)/Level? _____

Where/For Whom? _____ How Long? _____

Coaching Reference: _____ Phone #: _____ Did

you play sport in high school or college? _____ How

Long? _____ What Level? _____

I UNDERSTAND THAT:

- a) WITH MY SIGNATURE BELOW, I GIVE PERMISSION FOR ST. JAMES TO CONDUCT A CRIMINAL HISTORY BACKGROUND CHECK ON ME. I UNDERSTATND THAT THESE FINDINGS MAY AFFECT MY ELIGIBILITY TO COACH AT ST. JAMES.
- b) AS A COACH AT ST. JAMES, I AM REQUESTED TO ATTEND A MINIMUM OF 4 SJAA MEETINGS THROUGH OUT THE SCHOOL YEAR.
- c) MY CHILD WILL NOT BE GUARANTEED A SPOT ON A TEAM BECAUSE I WISH TO COACH, AND PLAYING TIME FOR ALL ATHLETES WILL BE BASED ON SKILL AND ACHIEVEMENT.
- d) COACHING POSITIONS ARE FOR A (1) YEAR TERM, AND AN APPLICATION FORM MUST BE COMPLETED EACH YEAR.

Signature: _____ Date: _____