

CATHEDRAL OF ST. RAYMOND ATHLETIC ASSOCIATION  
608 N. Raynor, Joliet, IL 60435  
Phone: (815) 722-6626 Fax: (815) 727-4668

Date Received \_\_\_\_\_

**CATHEDRAL OF ST. RAYMOND SCHOOL  
COACHING APPLICATION**

NAME:

ADDRESS:

PHONE Home:  Work:

I would like to be considered as a coach in the following:

FALL (Boys)

\_\_\_ Baseball (6-8)

\_\_\_ Flag Football (5-6)

\_\_\_ Flag Football (7-8)

WINTER (Boys)

\_\_\_ Basketball (5)

\_\_\_ Basketball (6)

\_\_\_ Basketball (7)

\_\_\_ Basketball (8)

WINTER (Girls)

\_\_\_ Cheerleading (6-8)

\_\_\_ Pom Poms (6-8)

FALL (Girls)

\_\_\_ Volleyball (5)

\_\_\_ Volleyball (6)

\_\_\_ Volleyball (7)

\_\_\_ Volleyball (8)

WINTER (Girls)

\_\_\_ Basketball (5)

\_\_\_ Basketball (6)

\_\_\_ Basketball (7)

\_\_\_ Basketball (8)

SPRING

\_\_\_ Girls Track (5-8)

\_\_\_ Boys Track (5-8)

\_\_\_ Co-ed Volleyball (7)

\_\_\_ Co-ed Volleyball (8)

PREVIOUS COACHING EXPERIENCE: (START WITH THE MOST RECENT)

Year(s)	Sport	Age Group	Boys/Girls	Head/Asst.	Place

What is the best time for you to practice?	
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Are there any days or times that you are not available for games/events or practice?

Are you available for 5:00 pm games/events?  Yes  No

PLEASE LIST THREE PEOPLE WHO YOU CAN USE FOR REFERENCES:

Name (work/home)	Occupation	Address	Phone

HAVE YOU COMPLETED PROTECTING GOD'S CHILDREN CLASS?  Yes  No

Briefly explain your philosophy of Athletics/Sports.

Briefly explain why you would make a valuable contribution to St. Raymond Athletics and to the students at St. Raymond School.

Other comments that would help the athletic board determine your qualifications.

Date: \_\_\_\_\_ Applicant's Signature:

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