

HOLY APOSTLES ATHLETIC ASSOCIATION Coaching Questionnaire

Important Notes

- If you coached last season and plan to coach the same class this year (same students), you do not need to complete this form.
- For parents of 7th and 8th graders, your desire to coach *will not* be used to determine the placement of your child on an A or B Level Team.

Applicant Name: _____

What Sport(s) Would You Like to Coach?

| Sport | Head or Assistant Coach | Grade | Boys/Girls |
|-------|-------------------------|-------|------------|
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Prior Coaching Experience

| Sport | Dates (Year) | Grade/Age Level | Gender | School / Organization |
|-------|--------------|-----------------|--------|-----------------------|
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Prior Participation as a Player in the Sport You Desire Coaching (check all that apply)

- College
 High School
 AAU
 Grade School
 Muni/Church/Rec League

Certification/Associations

- USVA
 AAU
 WIAA
 Other _____

Are you currently involved in the sport? How? _____

How would you measure a successful season? _____

What is your motivation for coaching? _____

What qualities do you feel describe a qualified coach? _____

What role(s) do you expect an assistant coach to serve? _____

- | | | |
|--|---|-----------------------------|
| Have you taken the required Safeguarding training? | <input type="checkbox"/> Yes, date ____/____/____ | <input type="checkbox"/> No |
| Have you reviewed the blood-born pathogen video? | <input type="checkbox"/> Yes, date ____/____/____ | <input type="checkbox"/> No |
| Have you reviewed the core video preparation? | <input type="checkbox"/> Yes, date ____/____/____ | <input type="checkbox"/> No |
| Have you taken the sport-specific clinic? | <input type="checkbox"/> Yes, date ____/____/____ | <input type="checkbox"/> No |