



MGC Intent to Coach Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____ (cell) _____

Email: _____

Sport: _____ Grade: _____ Coach or Assist: _____

What, if any, is your previous coaching experience with children?

What are your qualifications to coach this sport?

Please state your coaching philosophy and positive aspects you can bring to this program.

Training	Required?	Date completed
Safeguarding All of God's Family (formally called VIRTUS)	Y	
Blood Borne Pathogen Video	Y	
Coach's Core Video	Y	
Archdiocese Concussion Video	Y	
Clinics related to sport	Y	

List clinics attended: _____

List three personal references that we may call to ask about your qualifications to coach MGC children:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a criminal offense, any driving offense related to impaired driving or are you now subject to any pending criminal action or impaired driving charge?

If the answer is yes, describe in detail the offense including the date(s), disposition and nature of the offense.

I consent to the parish/archdiocese obtaining a criminal and driving record check on me. I understand that when performing as an MGC coach or asst. coach, I am subject to the standards, rules and regulations of the MGC Athletic Board, the Parish, the Archdiocese and the league. My conduct must at all times conform to those standards and rules. I understand the final selection of coaches/asst. coaches is made at the discretion of coordinator, subject to review of the A.D. and the Athletic Board. Asst. Coaches selected by the head coach are subject to approval of the coordinator.

Signature: _____ **Date:** _____