



**Saint James School Athletics
Volunteer Form**

Name: _____

Address: _____

Phone: home - _____ work - _____ cell - _____

Email: _____

Children attending Saint James School:

<u>Name</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____

- | | | |
|--|-----|----|
| Are you certified in CPR? | Yes | No |
| Are you certified in First Aid? | Yes | No |
| Do you have concussion training? | Yes | No |
| Do you have VIRTUS training? | Yes | No |
| Would you be willing to take classes to enhance coaching/safety? | Yes | No |
- If you have coaching experience, please describe:

What is your coaching availability? Please check and, where applicable, circle days of the week:

_____ After School	M	T	W	Th	F
_____ Evenings	M	T	W	Th	F
_____ Weekends					

(Please complete both sides)

Please rank the positions for which you would like to volunteer in order of preference - 1 being first choice. (You may volunteer for more than one season.)

FALL SEASON

Cross Country

_____ Coach _____ Asst. Coach _____ Team Parent

WINTER SEASON

Basketball

Grades you would be willing to coach 5th 6th 7th 8th

Boys

_____ Varsity Coach _____ JV Coach _____ Asst. Coach
_____ Team Parent* _____ Concessions

Girls

_____ Varsity Coach _____ JV Coach _____ Asst. Coach
_____ Team Parent* _____ Concessions

Cheerleading

_____ Coach _____ Asst. Coach _____ Team Parent

SPRING SEASON

Soccer

Grades you would be willing to coach 5th 6th 7th 8th

_____ Varsity Coach _____ JV Coach _____ Asst. Coach
_____ Team Parent*

Is there a sport that you would be interesting in coaching that is not presently at Saint James School?

*Team Parents would help with driving and other team needs.