

# St. Thomas the Apostle Athletic Association Coaching Application

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**Name:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**For which coaching position would you like to be considered?**

**Grade** \_\_\_\_      **Girls/Boys** \_\_\_\_      **Sport** \_\_\_\_\_

**Head coach** \_\_\_\_      **Assistant Coach** \_\_\_\_

## Coaching Experience

Sport/Organization	Grade/Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**How can you contribute to a positive athletic experience for our student athletes?**

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**Diocesan/School Policy requires:**

1. Attending “Protecting God’s Children”
2. Background Check form on file in School Office
3. AED/CPR Certification

**Other**

Please provide any other pertinent information not covered above.

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