

CYSL

Catholic Youth Sports League

CYSL VOLUNTEER APPLICATION

NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT INFORMATION:

NAME _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

PREVIOUS COACHING EXPERIENCE: _____

HIGH SCHOOL/COLLEGE PLAYER EXPERIENCE (which sports?):

SPORT & LEVEL you would like to coach: _____