

**St. Monica's Parish
Coaches Questionnaire**

Date: _____

Head Coach's Name _____

Address _____

Phone # _____ E-mail _____

Sport _____

Age Group _____ Team Name _____

Is Head Coach a Parish Member? _____ (Yes or No)

If no, then Provide, Parishioner Contact and Phone Number

Is Parishioner practicing Time and Talent at St. Monica's? _____ (Yes or No)

List of Assistant Coaches :

Name of players from St. Monica:

Practice Time Choices : Monday – Friday: 5:00-6:30 or 6:30 to Dark

Saturday: 10:00-11:30, 11:30-1:00, 1:00-2:30, 2:30-4:00, 4:00-5:30, 5:30 to 7:00, 7:00 to Dark

Sunday: 1:00-2:30, 2:30-4:00, 4:00-5:30. Daylight Savings will be observed in the spring and we will start with just one time during the week and convert after Daylight Savings so put your preferred time

below. Also on Softball and Baseball designate Large Field or Small Field .

Please give us some preferences on day and times:

1st Choice _____ 2nd Choice _____

3rd Choice _____ 4th Choice _____

Complete and Return to Sports Box in Office or:

Soccer & Football

Tina Moore

Email: btctm@sbcglobal.net

Phone: 348-2986

Fax: 844-9915

Baseball or Softball

Amie Martin

Email: amartin@okcchamber.com

Phone: 340-7958

Fax: 297-8986

**St. Monica's Parish
Coaches Questionnaire (Con't)**

Each coach and assistant coach of the team must complete the following training before a field can be assigned to the team. If the coach and/or assistant coach is not a parishioner of St. Monica's, we will also need the parent that is asking for the field to do the training also and be responsible for the team properly taking care of the field. The following items will need to be completed before a field may be assigned to a parishioner.

- 1) Arrange with Katie Gordy at St. Monica's (359-2700) to see the film on Code of Conduct. This is a film that is required by the Archdiocesan for all requests to use church facilities.
- 2) Archdiocesan Volunteer Form provided by the Office.
- 3) OSBI Check on the internet. This form is very similar to the Archdiocesan Volunteer Form but they require both be completed. The website is www.catharchdioceseokc.org. Click on "eAppsDB volunteer log-in screen" at the "Login Page," click on "if you do not have a user ID and password, please click to register." Under new registration, put in this Access Code: **protectregion2**. Under UserID, you may put anything – your first initial and last name are fine. You make up your own password. Complete all entries (some information is not necessary for the OSBI check, so to save time you may want to click on "no information available" (which is at the top of some fields) and go to the next entry).
- 4) Once you have been assigned a field you also have the option of getting a key from the Office for the restrooms that are located on the South Side of the Maintenance Building. The Deposit for a key is \$5 and will be returned at the end of your season when you return the key to the office. If you choose to get a key please be sure before you leave practice that the doors are locked to the facilities before you leave each practice.
- 5) Some other requirements when you use the fields:
 - Please only practice on the night you are designated and on the field you are designated. If you need another time you can call the coordinator and see if another team is using there spot. This is very important because we will have lots of teams out on the fields and there isn't room to have practice between the fields.
 - Please do not allow anyone to drive onto the grass at any time. There are sprinklers throughout the field that could be broken.
 - Do not park in the fire lanes in the back.
 - Please watch your speed in the parking lot and remind all the parents. The speed is 10 mph.
 - There is electricity on the West side of the maintenance building that may be used for pitching machines. Please do not touch any of the other items located near the outlet. These control the sprinkler systems and should not be moved.



EAppsDB User ID _____

Password _____

Archdiocese of OK City Application for Employees & Volunteers

Main Application

Name: _____
 First Middle Last

Street Address: _____

City/State/Zip: _____
 City State Zip

Length at current address _____ Years _____ Months

Home Phone: _____
 Area Code Number

Work Phone: _____
 Area Code Number

Cell Phone: _____
 Area Code Number

Email Address: _____

Archdiocese of OKC Questionnaire

Please list church/churches regularly attended in the past three years:

<u>Church</u>	<u>City/State</u>	<u>From</u>	<u>To</u>
		<u>(mm/yyyy)</u>	<u>(mm/yyyy)</u>

Type of Application: _____
 Employment Volunteer

Please indicate if you are:
 ___ A current employee or volunteer for this parish
or
 ___ Not currently an employee or volunteer, but applying to become an employee or volunteer

What position do you currently hold (or for which you are applying)?

Describe any formal or informal training you may have for working in this position.

If applying for ministry related to schools or youth, do you have an age level preference? Yes _____ No _____

What level and why? _____

References

References cannot be family members. Employment applicant provide business and professional references.

Reference Name First/Last	Occupation	Daytime Phone	How long have you known this Person?	Has this person agreed to be a reference?

Residential History

_____ Check here if you have lived in your current residence for longer than 5 years.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

Employment History

Start with current employer and indicate employment history for the last 5 years. If current employer, end date will be current.

_____ Check here if you have no employment history.

Dates of Employment (mm/yyyy)	Company name And address (City, State, Zip)	Immediate Supervisor name & Phone Number	Position Held/Job Description	Reason for Leaving position
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

Educational History

Educational history should include high school and forward. If currently enrolled in program, end date will be current.

_____ Check here if you have no educational history.

Dates (mm/yyyy) (Start with most recent)	School name And address (City, State, Zip)	Type of School	Name of Program or Degree	Program Completed?
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

Volunteer History

Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, end date will be current.

_____ Check here if you have no volunteer history.

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

Confidential Background Check Information

Please note: If this form is completed on-line, no parish official will have access to information in this section. Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence.

_____ Yes _____ No Have you ever been accused of or arrested for harassment or physically, sexually or emotionally abusing a child or an adult?

If yes, please explain: _____

_____ Yes _____ No Except for a minor traffic violation for which the fine was \$200 or less, or any offense that was finally settled in a Juvenile Court or under a Welfare Youth Offender Law, have you ever been arrested or convicted of any criminal offense?

If yes, please explain: _____

_____ Yes _____ No Have you ever terminated your employment or had your employment terminated for reasons of physical or sexual abuse or harassment?

If yes, please explain: _____

_____ Yes _____ No Have you changed your last name in the past 5 years?

If yes, what was your previous last name? _____

_____ Yes _____ No At any time during the past 5 years have you lived in a different state (within the United States), or do you currently live outside the state this Diocese is located in?

If yes, what state did you live in? _____

Social Security Number: _____ - _____ - _____ (optional)

Driver's License: State _____ Number _____

Date of Birth: Month _____ Day _____ Year _____

Gender: _____ Male _____ Female

Date of Previous Background Check, if any: _____

If yes, were records found? _____ Yes _____ No

Declarations

The **Archdiocese of Oklahoma City** appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read and initial each of the statements below.

_____ I authorize any reference or church listed in this application to give you any information they may have regarding my character and fitness. I release such references and the School/Parish/**Archdiocese of Oklahoma City** from liability for any damage that may result from furnishing such information or evaluation to you, and I waive any right that I may have to inspect any references provided.

_____ I hereby give my consent to the School/Parish/**Archdiocese of Oklahoma City** to request and provide information relating to my suitability to serve and for those persons to release such information to the School/Parish/Archdiocese of Oklahoma City, and other inquiring parties.

_____ I give my permission for the School/Parish/**Archdiocese of Oklahoma City** to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for employment/volunteer position with the School/Parish/**Archdiocese of Oklahoma City**.

_____ I hereby affirm that the information contained in this application is correct to the best of my knowledge and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

_____ My signature indicates that I have read and understand the above. **Do not sign until you have read and initialed the above statements.**

Applicant Signature _____ **Date:** ____/____/____

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____ **Date:** ____/____/____

Selected Sites

Please indicate the city and the name of the parishes/schools with which you would like this application to be registered.

You should only select the sites in which you are currently an employee or volunteer or to which you are applying.

City Where Parish is Located	Name of Parish/School