

**SS PETER AND PAUL SPORTS DEPARTMENT**  
**COACH/TEAM MANAGER**  
**VOLUNTEER APPLICATION FORM**

(Complete one form for all volunteer positions)

<b>Name</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Email Address</b>	
<b>Name of Child and Grade Next Year</b>	<b>Grade   4   5   6   7   8</b>
<b>Position Volunteering For</b>	<input type="checkbox"/> <b>Head Coach</b> <input type="checkbox"/> <b>Assistant Coach</b> <input type="checkbox"/> <b>Team Manager</b>
<b>Sport Volunteering For</b>	<input type="checkbox"/> <b>Cheerleading</b> <input type="checkbox"/> <b>Track</b> <input type="checkbox"/> <b>Cross Country</b> <input type="checkbox"/> <b>Boys Basketball</b> <input type="checkbox"/> <b>Boys Volleyball</b> <input type="checkbox"/> <b>Girls Basketball</b> <input type="checkbox"/> <b>Girls Volleyball</b>
<b>Years of Experience Coaching at SSPP/Sport</b>	

<b>Years of Experience Coaching outside of SSPP/Sport</b>	
<b>Other Information Relevant to your Volunteer Application?</b>	

**Please note that if selected to one of these positions, you must complete the following:**

- 1. Protecting God's Children Training (one time, copy of certificate on file at school)**
- 2. Concussion Training (one time, copy of certificate on file at school)**
- 3. Blood Borne Pathogens Test (annually)**
- 4. Criminal Background Check (annually)**

**Additional Notes:**

- **Head Coach is responsible for all teams at the grade level, if split to A/B teams (7 & 8<sup>th</sup> grades) or two equal teams (5 & 6<sup>th</sup> grade).**
- **Assistant Coach may cover responsibilities for the Head Coach for games and/or practices as well as Coach a B team (7 & 8<sup>th</sup> grade) or second team (5 & 6<sup>th</sup> grade).**
- **Team Manager (if used) is responsible for administrative duties in support of the Head Coach.**
- **In cases of two equal teams or A/B teams, all athletes practice at one time and learn the same plays.**
- **Any questions on duties or responsibilities will be directed to the ADs.**
- **Complete this form and submit to the AD Mailbox at school or email to [athleticdirector@ssppcary.org](mailto:athleticdirector@ssppcary.org).**
- **All forms will be reviewed by the ADs and the Principal. A final decision will be made in May by the ADs and the Principal.**

**I agree to abide by the requirements set forth by the SSPP Sports Handbook and NSCC Constitution and By-Laws:**

**Signature/Date** \_\_\_\_\_

**Please Fill out then Return to the AD prior to your first practice.**

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## SSPP Coach Requirements

As Stated on the Coach/Team Manager Volunteer Application Form, every: coach, assistant coach, team manager, and parent volunteer needs to complete the following forms:

1. Protecting God's Children Training
  - a. Protecting God's Children: This program is one component of the overall effort to protect God's children and vulnerable adults. All employees and volunteers with ongoing and unsupervised contact with children and youth are required to attend a Protecting God's Children session. All parents, grandparents and other adults in the parish community are encouraged to attend. Please go to [www.virtusonline.org](http://www.virtusonline.org) to register and take the course. (First time registrant – begin – Rockford, IL – password is **2train!**)
2. Concussion Training
  - a. Go to <https://www.cdc.gov/headsup/schoolprofessionals/training/index.html> or <https://www.train.org/cdctrain/course/1094770/>
  - b. Organization Name – SSPP. All Others - Coach.
3. Blood Borne Pathogens Test
  - a. Go to <https://www.cdc.gov/niosh/topics/bbp/default.html> for information, then
  - b. Take the test at the end of this packet.
4. Criminal Background Check
  - a. Form is at the end of this packet and at [www.virtusonline.org](http://www.virtusonline.org)

On [www.virtusonline.org](http://www.virtusonline.org), please also read:

1. Background Check Authorization
2. Code of Pastoral Conduct
3. Guidelines for Youth & Those Working with Youth
4. Mandated Reporter Form
5. Sexual Misconduct Norms
6. Technology & Social Media Guidelines

**Once you have completed the above (including the Coach/Team Manager Volunteer Application Form), please return all paperwork to the AD.**

# Authorization to Conduct Background Check Catholic Diocese of Rockford

## (CHIRP) Criminal History Information Response Process

### AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION AND TO DISCLOSE CRIMINAL BACKGROUND INFORMATION

I hereby give my consent to the Illinois State Police to conduct a criminal background check on me from all states in which I have resided or worked and authorize the Illinois State Police representatives to disclose to Saint's Peter and Paul Church and School the information obtained through such investigations.

I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

*Please Print*

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

First Name: \_\_\_\_\_

Other Names Used by Me: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (ex: MM/DD/YYYY)

Address: \_\_\_\_\_

Street City State Zip

Gender: ☐ Male ☐ Female

Race: \_\_\_\_\_  
(American Indian or Alaskan Native, Asian or Pacific Islander, Black, White or Unknown)

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*For Office Use Only*

Background check results were received on: \_\_\_\_\_  
(Date)

State Sex Offender Registry: \_\_\_\_\_ • Clear <https://www.isp.state.il.us/sor/>  
(Date)

National Sex Offender Registry: \_\_\_\_\_ • Clear <https://www.nsopw.gov/>  
(Date)

Sex Offender Registries checked by: \_\_\_\_\_

# Bloodborne Pathogens Quiz

1. There is currently no vaccination available for Hepatitis B. True or False
2. Blood is the only bodily fluid that can carry pathogens. True or False
3. It is important to understand and follow your employer's policies regarding bloodborne pathogens. True or False
4. The relative risk of exposure to bloodborne pathogens is great. However, once exposed the diseases are not that serious. True or False
5. AIDS is caused by which virus? A) HIV B) HBV C) HCV
6. Biological hazardous waste bags should be what color? A) Green or Blue B) Red or Red-Orange C) Clear or Black
7. Personal protective equipment is an important line of defense against exposure to bloodborne pathogens. True or False
8. How often should Exposure Control Plans be reviewed and updated? A) Monthly B) Annually C) Once each decade
9. Hepatitis Band Hepatitis C attack which organ: A) Heart B) Lungs C) Liver D) Pancreas
10. Universal Precautions means treating bodily fluids as if they are known to be infectious. True or False
11. There are only three bloodborne diseases. True or False
12. The Hepatitis B Vaccination has been proven to prevent the disease in approximately what percentage of those receiving the vaccine. A) 100% B) 95% C) 90% D) 70%
13. Disposable PPE can be reused if it is properly decontaminated. True or False
14. All persons infected with a bloodborne pathogen will begin showing symptoms soon after infection. True or False
15. PPE should be selected based upon the types of exposure that are reasonably anticipated. True or False
16. It is the responsibility of the employees to provide PPE for themselves. True or False
17. Hand washing is an important part of disease prevention. True or False
18. Contaminated waste should immediately be placed in the nearest wastebasket. True or False
19. An incident report should only be completed if you do not know whose blood you were exposed to. True or False
20. The Needlestick Safety and Prevention Act requires the use of safer needles and disposal containers. True or False

I understand the information contained in this training program and have passed the quiz regarding Bloodborne Pathogens Safety.

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Printed Name

Signature

Date



Bloodborne Pathogens Safety Program  
[www.osha-safety-training.net](http://www.osha-safety-training.net)

# Bloodborne Pathogens Answer Key

1. There is currently no vaccination available for Hepatitis B. **False**
2. Blood is the only bodily fluid that can carry pathogens. **False**
3. It is important to understand and follow your employer's policies regarding bloodborne pathogens. **True**
4. The relative risk of exposure to bloodborne pathogens is great. However, once exposed the diseases are not that serious. **False**
5. AIDS is caused by which virus? **A) HIV**
6. Biological hazardous waste bags should be what color? **B) Red or Red-Orange**
7. Personal protective equipment is an important line of defense against exposure to bloodborne pathogens. **True**
8. How often should Exposure Control Plans be reviewed and updated? **B) Annually**
9. Hepatitis B and Hepatitis C attack which organ: **C) Liver**
10. Universal Precautions means treating bodily fluids as if they are known to be infectious. **True**
11. There are only three bloodborne diseases. **False**
12. The Hepatitis B Vaccination has been proven to prevent the disease in approximately what percentage of those receiving the vaccine. **B) 95%**
13. Disposable PPE can be reused if it is properly decontaminated. **False**
14. All persons infected with a bloodborne pathogen will begin showing symptoms soon after infection. **False**
15. PPE should be selected based upon the types of exposure that are reasonably anticipated. **True**
16. It is the responsibility of the employees to provide PPE for themselves. **False**
17. Hand washing is an important part of disease prevention. **True**
18. Contaminated waste should immediately be placed in the nearest wastebasket. **False**
19. An incident report should only be completed if you do not know whose blood you were exposed to. **False**
20. The Needlestick Safety and Prevention Act requires the use of safer needles and disposal containers. **True**



**Additional forms may be found at ([www.peterpaulschoolcary.org](http://www.peterpaulschoolcary.org) - Parents & Students Tab - Sports / Sports Website Link – Sports Handbook Tab).**

ALL Student athletes should be instructed by you to print off then fill out the following REQUIRED forms.

- Student-Athlete Code of Conduct
- Informed Consent, Release Agreement, and Authorization for Use of Your Insurance
- Heads Up Concussion Waiver

If needed:

- Play Up Consent Form
- Player Availability Form

**Please return all player forms to the AD as soon as you receive them back. Student athletes may not play in a game until all forms are completed and returned to the AD.**

#### **SSPP Sports Handbook**

##### **List of Forms:**

- |   |   |
|---|---|
| 1. Coach/Team Manager Volunteer Application Form                                    | 8. Play Up Consent Form                           |
| 2. Parent Volunteer Form  | 9. Player Availability Form                       |
| 3. Student-Athlete Code of Conduct  | 10. Incident Report Form                          |
| 4. Informed Consent, Release Agreement, and Authorization for Use of Your Insurance | 11. Installation And Removal of Gym Window Shades |
| 5. SSPP Sports Uniform Agreement  | 12. Opening / Closing of Bleachers for Gym Events |
| 6. Heads Up Concussion Waiver   | 13. Directions to Conference Schools              |
| 7. Pre-Participation Examination (Sports Physical)                                  | 14. Directions to Other School                    |