



# CYO Commission Application

Return to: Sister Krista  
CYO/Camp Howard  
847 NE 19<sup>th</sup> Ave., Suite 385  
Portland, OR 97232  
503.231.9484 // Fax: 503.231.9531

### Personal Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Club (School/Parish): \_\_\_\_\_

### Commission you wish to serve on:

Basketball [ ]    Volleyball [ ]    Swim [ ]    Track & Field [ ]

### CYO Athletic History:

What sports have you coached? \_\_\_\_\_

Are you currently coaching a CYO Sport? Yes [ ] \_\_\_\_\_ No [ ] \_\_\_\_\_

How long have you volunteered with CYO? 1-2 yr/s [ ]    3-5 yrs [ ]    7-10 yrs [ ]    Other \_\_\_\_\_

Why do you want to serve on a CYO Commission/Committee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

### Please ask Club Athletic Director to sign and date:

I support the above-named individual as a candidate for the above-named CYO volunteer position.

Signature

Date