

**SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT**  
**South Glens Falls, New York 12803**  
**APPLICATION FOR COACHING POSITION**

Applicant's Name: \_\_\_\_\_

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

Home Telephone No: \_\_\_\_\_  
Work Telephone No: \_\_\_\_\_  
  
Cell Phone No \_\_\_\_\_  
E-mail: \_\_\_\_\_

1. Applying for what coaching position: \_\_\_\_\_  
2. Are you a certified teacher? Yes \_\_\_\_\_ No \_\_\_\_\_ Subject \_\_\_\_\_  
3. Number of years coaching experience in the sport you are applying for: \_\_\_\_\_

4. Credentials:			<u>Date Completed</u>
A. First Aid/CPR/AED	Yes	No	_____
B. Fingerprinting	Yes	No	_____
C. Child Abuse Recognition and Reporting	Yes	No	_____
D. School Violence Prevention	Yes	No	_____
E. Philosophy, Principals and Organization of Athletics (course 1)	Yes	No	_____
F. Health Science Applied to Coaching (course 2)	Yes	No	_____
G. Theory and Techniques of Coaching (course 3)	Yes	No	_____
H. Temporary License	Yes	No	_____
I. Professional License	Yes	No	_____

**(attach verification)**

5. List in order (most recent first):  
Teams you have coached or officiated (include all levels-Little League, Midge, Pop Warner etc.)-Include year:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

6. List your educational experience and the year you graduated:  
A. High School: \_\_\_\_\_  
B. Junior College/College: \_\_\_\_\_  
C. Other: \_\_\_\_\_

7. List your athletic playing experience- (sport and number of years you played)  
\_\_\_\_\_

8. Please list recent workshops or clinics(with dates) in the sport for which you are applying:  
\_\_\_\_\_

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_