

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:** _____