Application Interscholastic Coaching Sherburne-Earlville Central Schools

Name:			
Sport Applying for:			
School Year:		Level:	
Home address:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Place of Employment:			
Home/Cell Phone:			
Social Security #:		(Required for Fingerprint Clearance)	
Coaching Experience			
Sport:	Years Exp.	Level (Var. JV. etc.) School:	
Certification Information:	(attach copies as pro	of. Applications will not be considered without them.)	
Do you have a NYS First Aid for Coaches Certificate?			□No □Yes
2. Do you have Community CPR and AED Certification?			□No □Yes
3. If you are applying for a swim position, do you have lifeguard certification?			□No □Yes
4. Are you a certified physic	-	□No □Yes	
If you answered yes to #4	, you may stop here.		
5. Are you a certified classroom teacher?			□No □Yes
6. Have you taken a workshop in "DASA" Dignity for All Students Act?			□No □Yes
7. Have you taken a course in Concussion Management?			□No □Yes
8. Have you taken a workshop in "Recognition and Reporting of Child Abuse"?			□No □Yes
9. Have you taken a workshop in "SAVE" School Violence Prevention and Intervention?			□No □Yes
10. Have you taken the NYS approved course in "Philosophy, Principals, and organizations of Athletic			□No □Yes
11. Have you taken the NYS approved course in "Health Sciences Applied to Coaching"?			□No □Yes
12. Have you taken the NY	S approved course in "	Theory and Techniques of Coaching" in the sport you are	applying for? □No □Yes
all policies and procedures conference, Section 3, and	established by the She the NY State Public Hi sons without a teaching	are for one year intervals and must be renewed yearly. I a rburne-Earlville Athletic Department, Board of Education, gh School Athletic Association. I also understand that con license may only be hired to coach each year if no certificion."	the Center State nmissioner's
Signed: Date:			

Please attach a resume and any other useful information.