

WALTON CENTRAL SCHOOL
47-49 Stockton Ave.
Walton, NY 13856

APPLICATION FOR COACHING POSITION

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

POSITION DESIRED: _____

1. Are you a NYS certified teacher? _____

2. List below your coaching experience (including all sports you have coached)

<u>Sport</u>	<u>Years</u>	<u>Location</u>

3. Describe your background in the sport that you wish to coach.

4. Have you ever been fingerprinted for the purposes of obtaining employment with a New York State public school district?
____ Yes ____ No

If yes, Date _____ School District _____

Please review the following coaching certification requirements (Please check all that apply and attach a copy of the documentation)

- I am a Certified Physical Education Teacher
- I am a Certified Teacher
- I have current certification in an approved First Aid Course
Date completed _____ (Good for 3 years)
- I have current certification in an approved CPR/AED Course
Date completed _____ (Good for 2 years)
- I have been fingerprinted
- I have completed the Child Abuse and Recognition Workshop
- I have completed the Violence Prevention Workshop
- I have a temporary coaching license
- I have a professional coaching license
- I have completed the Philosophy and Principle of Coaching Course
- I have completed the Theories and Techniques of Coaching Course
- I have completed the Health Sciences Course
- None of the Above

5. Professional References (List 3)

<u>Name</u>	<u>Position/Address/Phone Number</u>

Signature of Applicant

Date

Please return application to:
Mr. Justin Preston
Athletic Director
Walton Central School
47-49 Stockton Ave.
Walton, NY 13856