

## Administrative Offices 21 Page Avenue Cohoes, New York 12047

Phone: (518) 237-0100 Fax: (518) 233-1878

## **APPLICATION FOR COACHING POSITION**

Applic Name_	cant's	
Addre	SS:	Work Telephone No:
		Cell Phone No:
	Telephone No:	E-mail:
1.	Applying for what coaching position:	
2.	Are you a certified teacher? Yes (o	listrict/subject) No
3.	Number of years coaching experience in	the sport you are applying for:
4.	Credentials B attach verification:	Date Completed
	a. First Aid/CPR/AED Yes No	
	b. Fingerprinting Yes No	
	c. Child Abuse Recognition and Rep	porting Yes No
	d. School Violence Prevention Yes	No
	e. Philosophy, Principals and Organ	ization of Athletics (course 1) Yes No
		Date completed:

		f.	Health Science Applie	ed to C	Coaching (	course 2) Y	Yes No
		g.	Theory and Technique Sport:				Yes No
		h.	Temporary License  Please circle one: 1st	Yes	No 2 <sup>nd</sup>		Expiration date:
		i.	Professional License		No		Expiration date:
5.	Lis	t in	order (most recent first	t) the s	sports you	have coach	ned and/or officiated (include all le
	a.						
	b.						
	c.						
	d.						
6.	Lis	_	our educational experier High School:	nce and	d the year	you gradua	ited:
		b.	Junior College:				
		c.	College:				
		d.	Other:				
ist :	your	r atl	nletic playing experienc	ee- (spe	ort and nu	mber of yea	ars you played):

se list recent	workshops or clinics (with dates) in the sport for which you are applying:
Include at least	three references that can comment on the position in which you are applying:
1.	
2.	
3.	
3.	
3.	
3.	