

SACHEM CENTRAL SCHOOL DISTRICT COACHING APPLICATION**FOR VOLUNTEER COACHING ONLY****THIS APPLICATION IS FOR ONE SPORT ONLY. FILL OUT AN ADDITIONAL APPLICATION FOR EACH SPORT AND EACH LEVEL**

NAME: _____ RECOMMENDED BY: _____

SPORT: _____ BOYS _____ GIRLS _____ LEVEL: _____ SCHOOL: _____

HOME ADDRESS: _____
NO. STREET TOWN STATE ZIP

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

LAST 4 OF SS#: _____ SACHEM ID# _____ PRESENTLY TEACHING AT: _____

POSITION: Full Time T.A. Substitute

Tell us why you wish to be a volunteer with the Sachem Interscholastic Athletic Department:

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| |

Background in sport for which you are applying:

High School (include level & years)

College (include level & years)

Other (include level & years)

| | | |
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| | | |
| | | |
| | | |

Coaching Experience:

School or Club

Level

Years

| | | |
|--|--|--|
| | | |
| | | |
| | | |

References:

Name Address Phone Relationship

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|--|--|--|--|
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Teaching certification YES ___ NO ___ If yes, what area/areas

Certified to coach in NYS YES ___ NO

Credit hours completed toward coaching certification:

Coaching courses completed:

NYSED fingerprinting: YES NO

Are you currently certified in the following courses? (all must be SED approved)

| | | | | | |
|------------|-----|----|----------------------------|-----|----|
| First Aid | YES | NO | DASA | YES | NO |
| Concussion | YES | NO | Child Abuse Recognition | YES | NO |
| CPR/AED | YES | NO | School Violence Prevention | YES | NO |

I understand that I am offering my services to the Sachem Central School District without compensation. I certify that all information provided on this application is true and complete. Any misinterpretation, omissions, or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer. I agree, if I am offered a position as a volunteer, to abide by all school board rules, regulations and policies either published or in effect by usage. Volunteer assignments are appointed annually.

Signature_____
DatePLEASE FORWARD APPLICATIONS TO: **Office of Health & P.E., Health Services & Athletics****Samoset Middle School****51 School Street****Lake Ronkonkoma, NY 11779****Fax: 631-471-8976**