

**DOLGEVILLE CENTRAL SCHOOL
ATHLETIC DEPARTMENT
Annual Application for Interscholastic Coaching Position**

General Applicant Information

Name:	Date:
Complete Mailing Address:	
Home Phone:	Work Phone:
Cell Phone:	E-mail Address:

Coaching Specific Information

For what coaching position are you applying?
For what school year are you applying?
How many years have you coached this sport in a school?
<p>Coaching Certification Information (check all that apply):</p> <p><input type="checkbox"/> I am a certified New York State Physical Education Teacher.</p> <p><input type="checkbox"/> I am a certified New York State Teacher.</p> <p><input type="checkbox"/> I have served as a coach in the Dolgeville Central School District prior to 1974.</p> <p><input type="checkbox"/> I am a non-teacher coach and am currently at the following licensing level:</p> <p style="margin-left: 20px;"><input type="checkbox"/> First Temporary License</p> <p style="margin-left: 20px;"><input type="checkbox"/> First Temporary License Renewal</p> <p style="margin-left: 20px;"><input type="checkbox"/> Second Temporary License Renewal</p> <p style="margin-left: 20px;"><input type="checkbox"/> Third Temporary License Renewal</p> <p style="margin-left: 20px;"><input type="checkbox"/> Fourth Temporary License Renewal</p> <p style="margin-left: 20px;"><input type="checkbox"/> Professional Coaching License</p>
<p>Coaching Requirements (NOTE: Documentation must accompany this application or be on file in the district office):</p> <p><input type="checkbox"/> I have received New York State Education Department fingerprint clearance.</p> <p><input type="checkbox"/> I am up-to-date with the required First Aid certification.</p> <p><input type="checkbox"/> I am up-to-date with the required CPR certification.</p> <p><input type="checkbox"/> I have completed the required Child Abuse Recognition workshop. Register online at www.childabuseworkshop.com if not completed.</p> <p><input type="checkbox"/> I have completed the required Violence Prevention workshop. Register online at www.violenceworkshop.com if not completed.</p> <p>I have completed the following Coaching Certification Courses:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Philosophy and Principles</p> <p style="margin-left: 20px;"><input type="checkbox"/> Health Sciences</p> <p style="margin-left: 20px;"><input type="checkbox"/> Theory and Techniques</p>

ATTENTION NON-TEACHER COACHES:

Please consult the Non-Teacher Coach Information sheet for directions on how to complete the additional steps required to coach.

Upon completion, please return this application to:
DANIEL ZILKOWSKI, DIRECTOR OF ATHLETICS
Dolgeville Central School District