Clinton Central High School

75 Chenango Ave. Clinton NY 13323

For office use:	

COACHING APPLICATION



Cilition, iv	11 13323			Re	vised July 2014	, ,,	
Name:	:		_	SS#			
Address:			_	Cell #			
				Work #			
E-Mail:							
		For: (box in, highl	_				
J	Year:		1				
	Sport:]		
	Season:	Fall	Winter		Spring		
	Gender:	Boys'	Girls'		Co-ed		
	Level:	Varsity	Junior Var	sity	Modified		
	Position:	Head Coach	Assistant coach		Volunteer Coach		
	***Have you ever	been fingerprinted?	,		Yes	No	
Have you completed the following required coaching classes? (Must be on file)							
·	N.Y.S. Child Abuse Awareness Class: N.Y.S. School Violence prevention Workshop Current Responding to Emergency First Aid: DASA (new 2013) Heads Up Concussion Pexpires N/A N/A N/A 2 yr exp				Yes Yes	No No No No No	
•	•	owing coaching cou		we need a	copy on file))	
	Principles, Philoso	ophy and Organizat	ion of athlet	es	Yes	No	
	Health Related Aspects of Athletics				Yes	No	
	Theory & Techniq	ues of Coaching			Yes	No	
Where do y	ou presently work:						

Clinton Central High School

Coaching Application con't

Please list any other qualifications (classes) to coach:
Coaching Experience: (Please include: Sport, Level, Length of Time)
Why are you interested in coaching this sport for Clinton Central School?
Please list three references: (Please include: Name, Phone Number, and Relationship)
Please include all credentials with application. Thank you!
If you have any questions, please feel free to call the Athletic Office at the Clinton

E-mail application back to ewaskeiwicz@ccs.edu or swhite@ccs.edu

Central School District (315) 557-2231