

**Oriskany Central School District
Athletic Department
Annual Application for Interscholastic Coaching Position**

Name:	Date:
Mailing Address:	
Phone Number:	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 district? What district?
<p>Coaching Certification Information (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am a certified New York State Physical Education Teacher. <input type="checkbox"/> I am a certified New York State Teacher. <input type="checkbox"/> I served as a coach in the Oriskany Central School District prior to 1974. <input type="checkbox"/> I am a non-teacher coach and am currently at the following licensing level: <ul style="list-style-type: none"> <input type="checkbox"/> First Temporary License <input type="checkbox"/> First Temporary License Renewal <input type="checkbox"/> Second Temporary License Renewal <input type="checkbox"/> Third Temporary License Renewal <input type="checkbox"/> Fourth Temporary License Renewal <input type="checkbox"/> Professional Coaching License
<p><u>Coaching Requirements</u> (Note: Documentation must accompany this application or be on file in the district office):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have a New York State Education Department TEACH account <input type="checkbox"/> I have received New York State Education Department fingerprint clearance. <input type="checkbox"/> I am up-to-date with the required First Aid certification. <input type="checkbox"/> I am up-to-date with the required CPR certification. <input type="checkbox"/> I have completed the required Child Abuse Recognition workshop. Register online at www.childabuseworkshop.com if not completed. <input type="checkbox"/> I have completed the required Violence Prevention workshop. Register online at www.violenceworkshop.com if not completed. <p>I have completed the following Coaching Certification Courses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Philosophy and Principles <input type="checkbox"/> Health Sciences <input type="checkbox"/> Theory and Techniques

***** ATTENTION NON-TEACHER COACHES:** Please consult the Non-Teacher Coach Information sheet for directions on completing the additional steps required to coach.

Upon completion, please return this application to:
Dave Buck Director of Athletics
Oriskany Central School District
Dbuck@Oriskanycsd.org