

BELLEVILLE HENDERSON CENTRAL SCHOOL DISTRICT

Timothy Filiatrault, Superintendent
8372 COUNTY ROUTE 75
ADAMS, NEW YORK 13611-0158



COACHING APPLICATION

Coaching Position applied for (name sport and level): _____

Applicant's Name: _____ SSN (Optional) _____

Applicant's Mailing Address: _____

Email Address: _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Previous Coaching Experience: _____

Related Experience: _____

Do you have current First Aid for Coaches and CPR certification? Yes No
(Please submit proof with application).

Expiration Date: _____

Do you hold a New York State Teaching Certificate? Yes No

If yes, in what subject? _____

Effective Date: _____ Expiration Date: _____

REFERENCES FAMILIAR WITH YOUR WORK

Please list at least (3) references. Preferences should be given to former schools for whom you have worked as a coach or teacher.

Name	Position/Institution	Address	Phone Number

If you do not hold a New York State Teaching Certificate, as non-teaching coaching staff you must file an application through TEACH for your employment. Applications must be filed and evaluated/issued prior to the start of the season.

Check completed courses required to be met by the Commissioner of Education:

- Philosophy, Principals and Organization of Athletics in Education
- Health Sciences Related to Coaching
- Theory and Techniques of Coaching _____ (sport(s))
- Child Abuse Workshop
- School Violence Workshop

**** Please submit copies of certificates for courses completed with completed application****

"If hired, I agree to follow all guidelines as specified in the NYSPHSAA Handbook and Section and League Bylaws."

Signature

Date