

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

**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:  
**JASON IZZO, DIRECTOR OF ATHLETICS**  
Dolgeville Central School District