

**Clinton Central High School**

75 Chenango Ave.  
Clinton, NY 13323

For office use:

**COACHING APPLICATION**

Revised July 2014



Name: \_\_\_\_\_

SS # \_\_\_\_\_

Address: \_\_\_\_\_

Cell # \_\_\_\_\_

\_\_\_\_\_

Work # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home # \_\_\_\_\_

Coaching Position Applying For: (box in, highlight or fill in areas)

Year:

Sport:

Season:	Fall	Winter	Spring
Gender:	Boys'	Girls'	Co-ed
Level:	Varsity	Junior Varsity	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:	<span style="color: red;">expires</span> N/A	Yes	No
N.Y.S. School Violence prevention Workshop	N/A	Yes	No
Current Responding to Emergency First Aid:	2 yr exp.	Yes	No
DASA (new 2013)	N/A	Yes	No
Heads Up Concussion	2 yr exp.	Yes	No

Have you completed the following coaching courses?

**(Courses must be completed within 3 years of first appointment & we need a copy on file)**

Principles, Philosophy and Organization of athletes	Yes	No
Health Related Aspects of Athletics	Yes	No
Theory & Techniques of Coaching	Yes	No

Where do you 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 Central School District (315) 557-2231

**E-mail application back to [mking@ccs.edu](mailto:mking@ccs.edu) or [swhite@ccs.edu](mailto:swhite@ccs.edu)**