

Alden Central School
Interscholastic Coaching Application

Name (please print) _____ Soc. Sec. # _____ - _____ - _____ Date _____

Telephone (home) _____ (work) _____ (cell) _____

Home Address _____

Signature _____ E-mail Address _____

Coaching position applying for: _____ Sport: _____ Level: Modified JV Varsity

Have you ever been convicted of a crime (felony or misdemeanor)? No ___ Yes ___ (if yes, please explain on reverse side)

Do you have a teaching certificate: No ___ Yes ___ Area _____

Do you have a first aid for coaches certificate: No ___ Yes ___ Expiration Date: _____ (attach copy)

Do you have a CPR Certificate: No ___ Yes ___ Expiration Date _____ (attach copy)

Do you have NYS Coaching Certification? No ___ Yes ___ (attach copy) Sport: _____

What is the earliest in the afternoon you are available to coach? _____ Are you available evenings ? No ___ Yes ___

Teaching Experience:

School and Location

Grade and Subject

Number of Years

<i>School and Location</i>	<i>Grade and Subject</i>	<i>Number of Years</i>

Relevant playing/coaching experience, including outstanding accomplishments (continue on back, if necessary)

References: (List principals, coaches, supervisors whom you have taught under, coached and/or played for)

Full Name

Phone Number

Official Position (including school/business name)

<i>Full Name</i>	<i>Phone Number</i>	<i>Official Position (including school/business name)</i>

Any additional information you wish to include may be attached to the back of this form

Return to:
Sandy Gauthier/Ken Partell
Co-Athletic Directors
Alden High School
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kpartell@aldenschools.org

