

**ROCKVILLE CENTRE PUBLIC SCHOOLS INTERSCHOLASTIC
ATHLETICS APPLICATION FOR COACHING POSITION 2021-2022 SCHOOL YEAR**

SUBMIT A SEPARATE APPLICATION FOR EVERY SPORT THAT YOU ARE QUALIFIED TO COACH

IF YOU ARE A NEW COACH TO THE DISTRICT, SUBMIT COPIES OF ALL DOCUMENTATION WITH THIS APPLICATION

Name: _____ Sport: _____
Birthday: _____ V ____ JV ____ MS ____ Head ____ Asst ____
Home Address: _____ City _____ Zip _____
Email: _____ Cell #: _____

- 1) What the earliest time you can arrive at South Side to coach _____
 - 2) Do you have anything (school, other coaching) that would conflict with your season? _____
YES...EXPLAIN: _____
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SEASONS ARE ROUGHLY SPEAKING... **FALL:** Mid-August through Mid-November
WINTER: Mid-November through End-February
SPRING: Early March through Early June

By signing below, I am acknowledging that I received and understand Policy 6480 Tutoring/Coaching/Professional Services for a Fee Remuneration and/or Consideration with this application, and will remain in compliance with the coaching portion of the policy in order to coach this year.

Electronic Signature/Date _____

CURRENT PE TEACHERS THIS FILL THIS SECTION ONLY

FIRST AID & CPR/AED CERTIFICATION STATUS (IF NEW COACH, ATTACH COPIES):

- Are you currently certified in "FIRST AID FOR COACHES"? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____
- Are you currently certified in CPR/AED? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____
- Are you currently certified in CONCUSSION MANAGEMENT? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____

EXPERIENCE:

- Number of years coaching this sport in Rockville Centre _____
- Number of years coaching this sport elsewhere _____
If new coach...please describe in detail: _____

Physical Education Certified Electronic Signature/Date: _____

ALL OTHER TEACHERS (EXCEPT PE) FILL THIS SECTION

FIRST AID & CPR/AED CERTIFICATION STATUS (IF NEW COACH, ATTACH COPIES):

- Are you currently certified in "FIRST AID FOR COACHES"? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____
- Are you currently certified in CPR/AED? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____
- Are you currently certified in CONCUSSION MANAGEMENT? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____

COACHING COURSES STATUS:

- I have taken the Philosophy of Coaching course NO: _____ Yes _____
- I have taken the Techniques of Coaching course NO: _____ Yes _____
- I have taken the Health Science of Coaching course NO: _____ Yes _____

EXPERIENCE:

- Number of years coaching this sport in Rockville Centre _____
 - Number of years coaching this sport elsewhere _____
- If new coach, please describe in detail:

Certified Teacher/Support Staff Electronic Signature/Date Signature: _____

ALL NON-TEACHER APPLICANTS

- Have you applied for a temporary coaching license with BOCES? NO: _____ Yes _____
 - Are you currently certified in "FIRST AID FOR COACHES"? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____
 - Are you currently certified in CPR/AED? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____
 - Are you currently certified in CONCUSSION MANAGEMENT? NO: _____ Yes _____
 - Will it be current through the season you want to coach? NO: _____ Yes _____

 - I have completed the Identifying/Reporting Child Abuse Seminar NO: _____ Yes _____
 - I have completed the School Violence (SAVE) Seminar NO: _____ Yes _____
 - I have completed the 6-hour DASA Training NO: _____ Yes _____
 - I have Fingerprinting Clearance NO: _____ Yes _____

 - I have taken the Philosophy of Coaching course NO: _____ Yes _____
 - I have taken the Techniques of Coaching course NO: _____ Yes _____
 - I have taken the Health Science of Coaching course NO: _____ Yes _____

 - Number of years coaching this sport in Rockville Centre _____
 - Number of years coaching this sport elsewhere _____
- If new coach, please describe in detail: _____

Other Applicant's Electronic Signature/Date Signature: _____