## SACHEM ATHLETIC DEPARTMENT INTERSCHOLASTIC COACHING APPLICATION

<u>INTERSCHOLASTIC COACHING APPLICATION</u>

New York State Human Rights Law prohibits discrimination because of age, national origin, race, religion, sex or handicap.

## THIS APPLICATION IS FOR ONE SPORT ONLY. FILL OUT AN ADDITIONAL APPLICATION FOR EACH SPORT AND EACH LEVEL.

SPORT:	LEVEL: _	sc	HOOL:		
NAME:	FIRST			MIDDLE INIT	-101
LAST	FIKST			MIDDLE INITIAL	
HOME ADDRESS: No. S	TREET	TOWN		STATE	ZIP
HOME PHONE:	WORK PHONE:		CELL PHON	E:	
E-MAIL ADDRESS:		_			
SOCIAL SECURITY NO.:		PRESENTLY	TEACHING AT: _		
		POSTION: (	Circle) Full Time	T.A. S	ubstitute
BACKGROUND IN SPORT DI Please indicate college, high scho		the level and ye	ears that you played.		
H.S.:					
COLLEGE:					
OTHER:					
COACHING EXPERIENCE: SCHOOL OR CLUB	LEVEL		<u>YEAR</u>		
REFERENCES: (Sacher NAME 1. 2.	ADDRESS	<u>s</u>	t include) PHONE		
Z					
Are you a physical education to Are you certified to coach in No Are you currently certified for F Have you coached prior to 197 How many credit hours do you NOTE: All positions are con When necessary the Administriability of individual teams a	ew York State? YE- First Aid/CPR? YE- 4? YE- have towards coaching tingent upon sufficient strative Assistant for A	S NO S NO S NO certification?  participation thletics will m	ake the final deter	mination	
DATE		SIGNATURE			

PLEASE FORWARD APPLICATIONS TO:

Office of Health & P.E., Health Services & Athletics Samoset Middle School 51 School Street