



NANUET PUBLIC SCHOOLS
Athletic Department
101 Church Street
Nanuet, NY 10954
(845) 627-9811



APPLICATION FOR COACHING

NAME: _____ SPORT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ S.S.NO.: _____

EDUCATION

HIGH SCHOOL: _____

YEAR OF GRADUATION: _____

COLLEGE: _____

YEAR OF GRADUATION: _____

WORK EXPERIENCE

PREVIOUS WORK EXPERIENCE WITH 7TH AND 8TH GRADERS: _____

PREVIOUS WORK EXPERIENCE WITH HIGH SCHOOL STUDENTS: _____

OTHER EXPERIENCE: _____

CERTIFICATION

TEACHING CERTIFICATION NUMBER: _____

FIRST AID: _____ UPDATE: _____

CPR/AED: _____ UPDATE: _____

CHILD ABUSE: _____

PHILOSOPHY: _____

HEALTH COURSE: _____

THEORY AND TECHNIQUES: _____

FINGERPRINTING: _____

**DOCUMENTATION MUST BE PRESENTED TO THE
ATHLETIC DEPARTMENT REGARDING THE ABOVE COURSES**

REFERENCES

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

FOR OFFICE USE ONLY:

COACHING LICENSE: _____
(NON-TEACHER)

DATE OF APPOINTMENT: _____

SPORT: _____

RECOMMENDATION: _____

SALARY: _____