



DeRuyter Central School

711 Railroad Street
DeRuyter, NY 13052
315-852-3400 opt 4

Coaching Application Form

Name _____ Date _____

Address _____

_____ Social Security #** _____

Home Phone _____ Work Phone _____

Coaching Position Applying For _____

Please complete the following that apply to you and **supply copies with application**:

- First Aid Certification _____ Yes Expires _____ _____ No
- Community CPR _____ Yes Expires _____ _____ No
- Child Abuse Awareness Class _____ Yes _____ No
- NYS Required Coaching Courses _____ Yes _____ No

Please list courses:

1. _____
2. _____
3. _____

** Needed to verify Coaching Certification

(Continued)

Coaching Experience _____

Level of Education Completed _____

Why are you interested in coaching this sport? _____

References:

Name	Title	Phone Number
-------------	--------------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____