



# COACHING APPLICATION FORM

**Chenango Valley Central School District**  
*(Attn: Athletic Office)*  
221 Chenango Bridge Road, Binghamton, NY 13901  
**Phone:** (607) 762-6904 | **Fax:** (607) 762-6942

Dear Applicant:

Today's Date: \_\_\_\_\_

Thank you for your interest in coaching at Chenango Valley Central School District. Please complete and return this form to the Chenango Valley District Office at the above address.

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**Name:** \_\_\_\_\_  
                                    First                                    Last                                    Middle Initial                                    Maiden Name (If applicable)

**Date of Birth (MM/DD/YY):** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
*\*\*This information is used to verify credentials through TEACH Online Services.\*\**

**Mailing Address:** \_\_\_\_\_  
  Street  City  State  Zip

**Telephone:** \_\_\_\_\_  
  (Home Phone)  (Cell Phone)

**Email Address:** \_\_\_\_\_

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## Position Application Information

**Coaching Level - Modified, JV, Varsity:** \_\_\_\_\_

**Are you a certified teacher?**  YES or  NO

**If YES, please list the state in which you are certified:** \_\_\_\_\_

**Type of certification:** \_\_\_\_\_

**Do you currently hold CPR/First Aid/AED certification?**  YES or  NO

**Type of position you are applying for?**  PAID or  NON-PAID (VOLUNTEER)

**EXPERIENCE IN COACHING**

Location	School	Sport and Level of Coaching	# of Years	Dates (Start/End)	Approx. # of Players on your team

Do you currently hold a NYS Coaching certification?  YES or  NO

If YES:  Temp or  Professional

What sport(s) are you certified to coach: \_\_\_\_\_

If NO, have you started the certification process?  YES or  NO

SAVE  CPR  First Aid  AED  TEACH Online Certification Application

CARR Workshop Certificate  DASA  Coaching Classes \_\_\_\_\_

**PLAYING EXPERIENCE**

Sport	School	Position	Dates (Start/End)

**EDUCATIONAL EXPERIENCE**

School	Name	Degree Obtained	Dates Attended
High School			
College 1 (If applicable)			
College 2 (If applicable)			
College 3 (If applicable)			

**WORK EXPERIENCE**

Employer	City/State	Position Title	Dates of Employment

**FINGERPRINTING & BACKGROUND CHECK**

**Have you completed the fingerprinting process through the NYS Education Department?**

YES or  NO

**Have you ever been convicted of a crime?**  Yes or  No

**If YES, specify:** \_\_\_\_\_

**Have you ever been asked or directed to discontinue or terminate your services?**  Yes or  No

**If YES, why and where?**

\_\_\_\_\_

**List three (3) professional/personal references who have firsthand knowledge of your character and abilities:**

Name	Address	How do you know this person?	Phone #

*I hereby authorize Chenango Valley Central School District to contact the above references. The purpose is to obtain information on my work history, work record and/or personal background for the purpose of becoming a coach in the Chenango Valley Athletic Department. I understand this is a general release and give my authorization for this type of release.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_