



CHENANGO VALLEY CENTRAL SCHOOL DISTRICT  
DEPARTMENT OF ATHLETICS  
COACHES APPLICATION  
NON-PAID

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Phone # \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Full time ( ) Part time ( )

If employed, who is your employer and how long have you been there?

Employer's Address \_\_\_\_\_

Work # \_\_\_\_\_ Work e-mail \_\_\_\_\_

What is your highest education grade level completed? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, specify:  
\_\_\_\_\_

Did you participate in organized athletics in school? \_\_\_\_\_ HS ( ) College ( )

If so, which one(s) \_\_\_\_\_

Have you ever coached any sports in the past? \_\_\_\_\_

If so, what sports age ranges: \_\_\_\_\_

Where? \_\_\_\_\_

Have you ever been asked or directed to discontinue or terminate your services?

\_\_\_\_\_ If so, where and why? \_\_\_\_\_

What specific times are you available to serve each week?

Mon.\_\_\_\_ Tues.\_\_\_\_ Wed.\_\_\_\_ Thur.\_\_\_\_ Fri.\_\_\_\_ Sat.\_\_\_\_ Sun.\_\_\_\_ AM\_\_\_\_ PM\_\_\_\_

What type of time commitment are you interested in making?

1hr/wk\_\_\_ 1-2hrs/wk\_\_\_ 2-4hrs/wk\_\_\_ 4-6hrs/wk\_\_\_ other\_\_\_\_\_

Do you have First Aid, CPR/AED certification(s)\_\_\_\_\_

Please list and special skills or training you may have.\_\_\_\_\_

Do you have a driver's license?\_\_\_\_\_

Do you have a car? \_\_\_\_\_

Please list any experience you have working with children? \_\_\_\_\_  
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Do you prefer working with a particular age group? \_\_\_\_\_  
If so, which one(s) \_\_\_\_\_

Please list your hobbies and special interests. \_\_\_\_\_  
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Please list two references: (non-relatives that have known you for at least one year that we may contact) References will be contacted by phone or mail. All information will be kept confidential.

Name:  
Relationship:  
Address:

Name:  
Relationship:  
Address:

Phone:

Phone:

I hereby authorize Chenango Valley 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 volunteer in the Chenango Valley Central Schools Athletic Department. I understand this is a general release and give my authorization for this type of release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

