## Application Interscholastic Coaching General Brown Central Schools

Name	Sport Apply	ing for _		
agree to abide by all policies Education, The Frontier L understand that commission	t coaching appointments are for one year intervals and procedures established by the General Breague, Section 3, and the NY State Public High oner's regulations require that persons without a fied teacher is available with the experience and	own Athle School At teaching l	etic Dep hletic A icense 1	partment, Board of Association. I also may only be hired to
signed Date				
Returning of	coaches may stop here unless the information All new coaches must fill in information	below has	change	ed recently.
Home Address Place of Emplo Business Phone		oyment		
		9		
T.T. T01	Social Security	#		
E Mail				
Coaching Experience:				
port Years Experience Level (Var, JV				
	(Attach copies as proof. Applications will not		_	
1. Do you have a current	First Aid for Coaches Certificate?	No	Yes	(Copy must be attached.)
2. Do you have a current	CPR Certificate including AED training?	No	Yes	(Copy must be attached)
3. Are you a certified phy	sical education teacher?	No	Yes	(Attach copy of certificate)
If you answe	red yes to #3, you may stop here.			
4. Are you a certified classroom teacher?		No	Yes	
<ul><li>5. Have you taken the NY State approved course in "Philosophy, Principals, and Organization of Athletics?"</li><li>6. Have you taken the NY State approved course in "Health Sciences</li></ul>		No	Yes	(Attach copy of certificate)
Applied to Coaching?"		No	Yes	(Attach copy of certificate)
7. Have you taken the N Techniques of Coachin	Y State approved course in "Theory and ng" in the sport you are applying for?	No	Yes	(Attach copy of certificate)
•	ed teacher, have you taken a workshop in orting of Child Abuse" and "School Violence"	No	Yes	(Attach copy of certificate)