



**SODUS CENTRAL SCHOOL DISTRICT
INTERSCHOLASTIC PROGRAM
COACHING APPLICATION**

Name: _____
Last First Middle Initial

Coaching Position: _____

Social Security Number: _____

NYS Coaching Requirements: (photocopies of certificates or college transcripts required)

First Aid	Course Completion Date: _____
CPR/AED	Course Completion Date: _____
Child Abuse Certification	Course Completion Date: _____
S.A.V.E. (School Violence Intervention and Prevention)	Course Completion Date: _____
DASA (Dignity for All Students Act)	Course Completion Date: _____

NYS Coaching Classes: Please check "Enrolled" or enter date of completion)

Philosophy	Enrolled: ☐	Course Completion Date: _____
Health Science	Enrolled: ☐	Course Completion Date: _____
Theory	Enrolled: ☐	Course Completion Date: _____
What Sport(s): _____		

NFHS Coach Certification Program: (Please check "Enrolled" or enter date of completion)

NFHS Level 1 AIC: Accredited Interscholastic Coach Course Enrolled: ☐ Course Completion Date: _____

NFHS Level 2 CIC: Accredited Interscholastic Coach Course Enrolled: ☐ Course Completion Date: _____

Paid Coaching Experience: Prior paid coaching experience is compensable with verification. Prior experience forms are available on our website (Soduscsd.org).

By affixing my signature, I affirm that all information set forth in this application is accurate, truthful, and complete. Furthermore, I am aware that any material and deliberate falsification of fact(s) on the above material is ground for denial of employment or dismissal from employment.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Season Start: _____ Season End: _____

Badge Activated Date: _____ Badge Deactivated Date: _____