

NORTH TONAWANDA CITY SCHOOL DISTRICT
Matthew Cook – Director of Athletics, P.E., & Program Services
ATHLETICS DEPARTMENT
 405 Meadow Drive – North Tonawanda, NY 14120
 Office – (716) 807-3647 Fax – (716) 807-3631



Coaching Application

*N.Y.S. Coaching Certification Required

HR Office Use
Fingerprints: _____
Drug Screen: _____
BOE Action: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email: _____

Volunteer coaching position desired (specify sports(s) and level):

Sport(s): _____ Modified _____ Junior Varsity _____ Varsity _____

Certified Teacher: Yes _____ No _____ If yes, list content area: _____

Certificate	Issued Date	Expiration Date	Time Extended Date
Temporary			
Temporary 1 st renewal			
Temporary 2 nd – 4 th Renewals			
Professional			

NYS Coaching Certification in Process:

First Aid Certificate: Date Completed or Scheduled: ___/___/___

CPR/AED Certification: Date Completed or Scheduled: ___/___/___

Life Guarding (if applicable) Date Completed or Scheduled: ___/___/___

DASA Date Completed or Scheduled: ___/___/___

Child Abuse Date Completed or Scheduled: ___/___/___

School Violence and Intervention Date Completed or Scheduled: ___/___/___

Please attach a resume.

As a coach for *The North Tonawanda City School District*, I agree to follow the New York State Commissioner’s regulation coaching guidelines. In addition, I will also follow the policies and procedures of the school district and athletic program.

 (Applicant’s Signature)

___/___/___
 Date