

**SKANEATELES**

**COACHING APPLICATION**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Coaching Position

\_\_\_\_\_  
Date

**LAKERS**

**Stephen J. Musso**  
Athletic Director

Skaneateles Central Schools  
49 East Elizabeth Street  
Skaneateles, New York 13152

Phone: (315) 291-2236  
Fax: (315) 291-2229

Email: [smusso@skanschools.org](mailto:smusso@skanschools.org)



# COACHING CERTIFICATIONS

Name	
Address	
Home Number	
Work Number	
Cell Number	
Home Email Address	
Work Email Address	

Please review the following coaching certification requirements  
(Please check all that apply and attach a copy of the documentation).

- I am a Certified Physical Education Teacher
- I am a Certified Teacher
- I was a Coach in the District *prior* to 1974
- I have completed the required First Aid Course  
Date Completed \_\_\_\_\_ (Good for three (3) years)
- I have completed the required CPR/AED Course  
Date Completed \_\_\_\_\_ (Good for two (2) years)
- I have been fingerprinted
- I have a Temporary Coaching License
- I have a Professional Coaching License
- None of the above

## NYS COACHING CERTIFICATION COURSES

I have **COMPLETED** the following Courses  
(Please check all that apply and attach a copy of the documentation)

- Child Abuse  
(Certified Teachers do *NOT* need this course)
- Violence Prevention  
(Certified Teachers do *NOT* need this course)
- Philosophy & Principles
- Theory & Techniques
- Health Sciences
- DASA (Dignity for All Students)  
(Certified Teachers don *NOT* need this course)
- Concussion Management  
(Good for two years)

I am currently **ENROLLED** the following Courses  
(Please check all that apply and attach a copy of the documentation)

- Child Abuse  
(Certified Teachers do *NOT* need this course)
- Violence Prevention  
(Certified Teachers do *NOT* need this course)
- Philosophy & Principles
- Theory & Techniques
- Health Sciences
- DASA (Dignity for All Students)  
(Certified Teachers do *NOT* need this course)
- Concussion Management  
(Good for two years)

I have not completed, nor am I currently enrolled in courses.

# REFERENCES

Please provide references who are familiar with your coaching history. You may list Superintendents, Principals, and Supervisors under whom you have worked, and others who may have firsthand knowledge of your abilities, skills, knowledge, and character as a coach.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

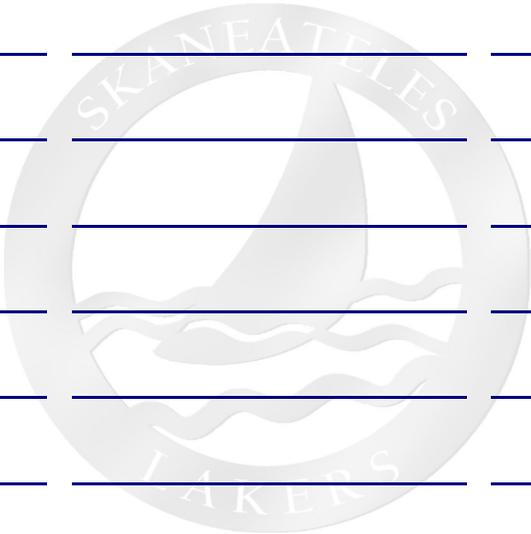
# COACHING EXPERIENCE

**SPORT**

**YEARS**

**LOCATION**

SPORT	YEARS	LOCATION



I hereby declare the information on this application is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize any individual, company, or institution whom I have listed as my reference to furnish the Skaneateles Central School District with any information concerning my employment. *Please attach a resume*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TEMPORARY COACHING LICENSE

Coaches will be required to apply for a Temporary Coaching License *prior* to the start of each season in which they wish to coach. A Coaching License must be in hand before you may begin to coach. Temporary Coaching License application is obtained through:

Mr. Richard Mabbett  
BOCES Area Occupational Center  
1879 W Genesee St Rd  
Auburn, New York 13021  
Phone (315) 253-0361 ext 5409

## FINGERPRINTING

All new coaches will be required to be fingerprinted *prior* to assuming coaching duties. Fingerprinting information is available at the Skaneateles District Office (315) 685-8361.