

**WILSON CENTRAL SCHOOL DISTRICT**

380 LAKE STREET; P.O. BOX 648

WILSON, NEW YORK 14172

**UNPAID INTERSCHOLASTIC ATHLETICS COACHING APPLICATION**

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

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

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

SS #: \_\_\_\_\_

Street / P.O. Box #

(Optional. See Applicable Notice Below.)

\_\_\_\_\_

Email: \_\_\_\_\_

City

State

Zip

Position being applied for: \_\_\_\_\_

\_\_\_\_\_ Varsity \_\_\_\_\_ Junior Varsity \_\_\_\_\_ Modified

Coaching (or Relevant) Experience:

Dates:

Position/Job Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please summarize any additional information necessary to describe your full qualification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been dismissed or asked to resign from any employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever resigned from any employment after being told that you will be dismissed, disciplined, or denied tenure? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever failed to be re-appointed to any coaching or other position? \_\_\_\_\_ Yes \_\_\_\_\_ No

***If you answered yes to any of the preceding four (4) questions, then please provide a full explanation on a separate sheet.***

Have you been fingerprinted through the NYS Education Department? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a certified teacher in New York State? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the duties of the position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check and SUBMIT A COPY of any of the CURRENT certificates held below:

Coaches First Aid \_\_\_\_\_ Yes

Adult CPR/AED \_\_\_\_\_ Yes

DASA \_\_\_\_\_ Yes

Child Abuse \_\_\_\_\_ Yes

SAVE \_\_\_\_\_ Yes

Concussion \_\_\_\_\_ Yes

**Present Employer:**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Summarize work performed

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Immediate Supervisor/ Title/ Phone

\_\_\_\_\_  
May we contact for reference?     Yes     No

**Additional References:**

Name & Contact Info	Relationship
_____	_____
_____	_____
_____	_____

**Social Security Number Notice:**

Failure to submit your social security number on this form will not prohibit consideration for employment. Your social security number may be required on other forms prior to employment. If and when a candidate is given further consideration, the District may use a potential candidate’s social security number to check the status of professional certifications and/or licenses, and/or for a criminal records check as part of the hiring process.

**Acknowledgment and Agreement**

Unpaid Assistants have no administrative authority toward the team or an individual on a team they are assisting. To be appointed as an Unpaid Assistant at Wilson Central School, the requirements outlined below must be agreed upon. The Supervising Coach and the Athletic Director must both approve the recommendation and the final appointment is made by the Board of Education.

- An Unpaid Assistants should never be put in a situation where he or she is alone with the team or any member of the team in an organized session (practices, games, team meetings, etc.). The Supervising Coach will always be present whenever such a session is held.
- An Unpaid Assistant must have current documentation of all required coaching courses and certificates on file.
- An Unpaid Assistant should not request this position for the purpose of influencing the Supervising Coach’s decisions on the participation of individual players or any other reason unrelated to the teaching of the athlete.
- The purpose of the Unpaid Assistant is of instructional nature and focused on aiding the Supervising Coach in teaching and training the fundamentals of the sport and betterment of the athletes.
- The Unpaid Assistant should never make suggestions or give input to the head coach on game strategies or personnel matters (such as who makes the team, who plays what positions, who starts, etc.), unless asked by the Supervising Coach.
- The Unpaid Assistant shall not receive any salary, wages, or compensation for services rendered.
- The Unpaid Assistant serves at the pleasure of the District.
- The Supervising Coach may terminate the Unpaid Assistant’s services at any time.
- The Unpaid Assistant must understand the concept of “team privacy” and confidentiality and that the daily activities of the team must stay within the team.

I acknowledge receipt of, and I agree to, the foregoing terms and conditions.

_____ Printed Name of Candidate	_____ Signature of Candidate	_____ Date
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The Supervising Coach and Athletic Director must sign below stating that each recommends the applicant before this recommendation goes to the Wilson Board of Education for approval.

_____ Supervising Coach’s Printed Name	_____ Supervising Coach’s Signature	_____ Date
_____ Athletic Director’s Printed Name	_____ Athletic Director’s Signature	_____ Date

### **Wilson Central School District Athletics Coaching Criteria**

1. Strong love of teaching and coaching
2. Possesses an understanding of and like for children
3. Possesses a strong desire to help children succeed and develop good character
4. Holds appropriate certifications
5. Has high academic, athletic, and behavioral expectations
6. In-depth knowledge of their sport and coaching at the MS/HS level
7. Confident, intelligent, enthusiastic, dynamic and possesses a good sense of humor
8. Excellent communication skills; approachable, friendly and available
9. Fosters positive relationships with students, parents and colleagues
10. Possesses a sense of fairness and respect
11. Has the capacity for growth and desire to be a life-long learner
12. Ability to maintain confidentiality
13. Ability to handle any situation with a calm approach
14. Willing to put in the necessary time
15. Ability to assess learning
16. Reflective/analytical
17. Creates a rich learning environment
18. Highly organized
19. Excellent motivator
20. Fair and open minded
21. Committed to the school community
22. Ability to create and execute a daily practice plan
23. Demonstrated ability to reach all types of children
24. Keeps the game in perspective
25. Ability to obtain full fingerprint clearance

### **Applicant Certification and Agreement**

I certify that all information provided on this application form, and all other information provided in connection with my application for employment, is complete, accurate, and true. I understand that the provision of any false or misleading information or any omission will, even if discovered after I am hired, constitute grounds for disciplinary action that may include termination of my employment. If I am appointed, then any and all changes in facts, circumstances, and conditions will immediately be reported to the Superintendent of Schools.

I understand that the information given herewith assumes authorization to investigate my credentials. I hereby authorize and permit the Wilson Central School District to contact any and all persons and entities, including but not limited to all current and former employers, and all schools, colleges or universities that I have ever attended, and all of their agents, representatives, and employees, in order to fully investigate my background. I hereby authorize any and all persons and entities, including but not limited to all current and former employers, and all schools, colleges or universities that I have ever attended, and all of their agents, representatives, and employees, to release any and all information concerning my employment, educational and academic history, and any other information bearing upon my fitness and qualifications for the position for which I am applying.

I understand that, as a coach or coaching candidate, I am responsible for maintaining all required, renewable coaching certificates. I am responsible for forwarding copies to the Athletic Office prior to my sports season. I also recognize that, in conjunction with the Athletic Director or his designee, I am required to formulate a plan to ensure my temporary and permanent coaching certifications are met and maintained. I understand that if I do not meet the New York State mandated requirements as noted in this document, then I may be released or dismissed from my position.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Non-discrimination Statement:**

The Wilson Central School District advises students, parents, employees and the general public that it does not discriminate on the basis of sex, race, color, national origin, handicapping conditions, marital status or veteran status in the employment or the educational programs, including vocational education opportunities, and activities which it operates, and is in full compliance with Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Inquiries regarding this nondiscrimination policy and copies of the grievance procedure for the prompt resolution of complaint may be directed to the attention of the Business Administrator, Wilson Central School District, P.O. Box 648, Wilson, NY 14172, telephone number (716) 751-9341.