HALDANE

APPLICATION FOR COACHING VOLUNTEERS

For volunteer coaches who assist school sports programs or sports activities on a regular basis.
Volunteer Coaches are required by New York State to have a New York State Coaching License.
All Coaches: Head, Assistant, and Volunteer- have to be NY State Certified- Prior to Coaching

Below are the certifications that are required:

NON- TEACHERS/TA's

- ☐ If you have not self-**registered on TEACH,** you will need to do that.
  You will create a username and password which will allow you to log in and apply.
  Here is the link:
  https://www.highered.nysed.gov/tcert/teach/selfreg.html
- ☐ **Fingerprinting (MorphoTrust) ONLY :Only thing** *Reimbursed by District* ***($99)*** *must provide receipt and receipt of payment*
- ☐ **DASA Training (6 hours) $49.00**
  www.workshopsexpress.com
- ☐ **Child Abuse $39.95**
  www.workshopsexpress.com
  http://www.childabuseworkshop.com/
- ☐ **School Violence Training $44.95**
  www.workshopsexpress.com
  http://www.childabuseworkshop.com/
- ☐ **CPR/FIRST AID/AED: Responding to Emergencies $40.00**
  Haldane Athletics Trainer Meg Crowe
- ☐ Concussion in Sports NFHSlearn.com
  (Every 2 years) **Free**
- ☐ ONCE ALL IS OBTAINED…
- ☐ ***Non Teacher Coach*** must apply for **Temporary Coaching License ($50.00)**
  through the Teach System (Boces)
  cbambace@swboces.org Cynthia Bambace

Within 1- 3 years these courses must be completed

- ☐ Fundamentals of Coaching NFHSlearn.com
- ☐ Sports Specific NFHSlearn.com

Cost varies by sport

CERTIFIED NY STATE TEACHERS

- ☐ **CPR/FIRST AID/AED: Responding to Emergencies $40.00**
  Haldane Athletics Trainer Meg Crowe
- ☐ Concussion in Sports NFHSlearn.com
  (Every 2 years) **Free**
- ☐ **ONCE THESE ARE COMPLETE…Submit to the Director of Athletics**

Within 1- 3 years these courses must be completed

- ☐ Fundamentals of Coaching NFHSlearn.com
- ☐ Sports Specific NFHSlearn.com

Cost varies by sport

HALDANE

Thank you for your interest in being a **volunteer coach** at the Haldane Central School District. We appreciate your help! As a volunteer, for security clearance, we do require the following information from you:

Section I: Personal Information

DATE _____

NAME _____

ADDRESS _____

TELEPHONE NUMBER (cell) _____

EMAIL _____

SOCIAL SECURITY NUMBER *(for clearance purposes)* _____

DATE OF BIRTH _____

AREA OF VOLUNTEER INTEREST/ACTIVITY _____

EMPLOYER (current or last employer)

Month/Year (From-To)	Name of Employer, City, State	Position

EMERGENCY INFORMATION (In case of Emergency, please notify):

_____ _____

Name *Phone*

HALDANE

Please answer the following questions. If you answer "Yes" to any of the following questions, please attach a separate explanation.

1. Have you ever been dismissed from, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct or due to performance concerns? Yes ☐ No ☐

2. Are you the subject of any pending investigation and/or disciplinary charge(s) pertaining to employment? Yes ☐ No ☐

3. Have you ever been convicted of a crime other than minor traffic violations? If yes, include the date, offense(s) and disposition in your separate explanation. Yes ☐ No ☐

4. Do you currently have any criminal charges pending against you? Yes ☐ No ☐

5. Have you ever had an application for a teaching, professional, or vocational credential (i.e., license, certificate, or registration) in New York or any other jurisdiction denied? Yes ☐ No ☐

6. Have you ever surrendered a teaching, professional, or vocational credential (i.e., license, certificate, or registration) or had such credential revoked, suspended, invalidated, or otherwise subjected to a disciplinary hearing? Yes ☐ No ☐

REFERENCES

Provide the names of three persons who have closely observed your work as a professional or as a student. **Do not** include letters of reference. Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors.

Name of Reference	Position/Relationship	Email Address	Phone Number
1.			
2.			
3.			

My signature below authorizes the Haldane Central School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal and/or professional references, activity on social networking sites, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Haldane Central School District and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false statements made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the Haldane Central School District.

Signature of applicant **Date**

The Haldane Central School District, Cold Spring, New York 10516, does not discriminate on the basis of age, religion, creed, ethnic origin, marital status, race, color, sex, veteran status, disability or handicap. This policy of non-discrimination includes the recruitment, hiring and advancement of employees; salaries, pay and other benefits, or educational programs.

HALDANE

Volunteer coaches at the Haldane Central School District are expected to:

- Report to your Head Coach daily for practice
- Maintain confidentiality regarding student records and communications;
- Abide by the District's Code of Conduct and Regulations of the School and classroom/activity in which they are volunteering.

I attest that the information provided in this volunteer application is true and correct and agree to abide by the expectations outlined. I understand that my services may be terminated at any time without cause.

Print Name _____ Date _____

Signature _____

Signature of Athletic Director _____

Designated Supervisor of Volunteer _____ (Name)

Reference: Haldane Board Policy 3150 - School Volunteers (attached)