

**MORRISVILLE-EATON**

**COACHING APPLICATION**

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

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

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

**Christopher Doroshenko**  
**Athletic Director**

**Morrisville-Eaton Schools**  
**5061 Fearon Road**  
**Morrisville, NY 13408**  
**315-684-5905**  
**[cdoroshenko@m-ecs.org](mailto:cdoroshenko@m-ecs.org)**



# COACHING CERTIFICATIONS

Name		
Address		
Cell Number		
Home Number		
Work Number		
Social Security #		Required for Fingerprint Clearance
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).

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I am a Certified Physical Education Teacher  |
| <input type="checkbox"/> | I am a Certified Teacher   |
| <input type="checkbox"/> | I was a Coach in the District prior to 1974  |
| <input type="checkbox"/> | I have completed the required First Aid Course<br>Date Completed_____ (Good for three (3) years) |
| <input type="checkbox"/> | I have completed the required CPR/AED Course<br>Date Completed_____ (Good for two (2) years)     |
| <input type="checkbox"/> | I have been fingerprinted  |
| <input type="checkbox"/> | I have a Temporary Coaching License  |
| <input type="checkbox"/> | I have a Professional Coaching License   |
| <input type="checkbox"/> | 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)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Child Abuse<br>(Certified Teachers do <i>NOT</i> need this course)               |
| <input type="checkbox"/> | Violence Prevention<br>(Certified Teachers do <i>NOT</i> need this course)       |
| <input type="checkbox"/> | Philosophy & Principles  |
| <input type="checkbox"/> | Theory & Techniques  |
| <input type="checkbox"/> | Health Sciences  |
| <input type="checkbox"/> | DASA (Dignity for All Students)<br>(Certified Teachers don NOT need this course) |
| <input type="checkbox"/> | Concussion Management<br>(Good for two years)                                    |

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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Child Abuse<br>(Certified Teachers do <i>NOT</i> need this course)              |
| <input type="checkbox"/> | Violence Prevention<br>(Certified Teachers do <i>NOT</i> need this course)      |
| <input type="checkbox"/> | Philosophy & Principles   |
| <input type="checkbox"/> | Theory & Techniques   |
| <input type="checkbox"/> | Health Sciences   |
| <input type="checkbox"/> | DASA (Dignity for All Students)<br>(Certified Teachers do NOT need this course) |
| <input type="checkbox"/> | Concussion Management<br>(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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

# COACHING EXPERIENCE

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 Morrisville-Eaton Central School District with any information concerning my employment. I also agree to abide by all policies and procedures established by the Morrisville-Eaton Athletic Department, Board of Education, Center State Conference, Section 3, and NY State Public High School Athletic Association. I also understand that commissioner's regulations require that persons without a teaching license may only be hired to coach each year if no certified teacher is available with the experience and qualifications for the position.

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. Follow the link below to register for a Temporary Coaching License. You may submit any course work needed for these licenses to our local BOCES certification office, or submit them to our Athletic Department.

[www.highered.nysed.gov/tcert/certificate/coaching-apply.html](http://www.highered.nysed.gov/tcert/certificate/coaching-apply.html)

## FINGERPRINTING

All new coaches will be required to be fingerprinted *prior* to assuming coaching duties. Fingerprinting information is available at the Morrisville-Eaton Business Office (315) 684-9158.