



2004 Coaching Application

Name				
Address				
City, State, Zip Code				
Risk Management Number (supplied by NYSW)				
Home Phone Number			Work Phone Number	
Social Security Number			Date of Birth	
Email Address				
Coaching Position Desired	<input type="checkbox"/> Recreational	<input type="checkbox"/> Travel	<input type="checkbox"/> Premiere	
Team Name	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls	Age Group	
Coaching License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Level	Year Obtained
First Aid/CPR Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Obtained	
NYSW Risk Management	Risk Management ID:		Risk Management Expiration Date:	
If you do not have a risk mgmt number, please complete the NYSW Risk Management Form and attach to this application.				

Have you ever been convicted of a crime? Yes _____ No _____

If yes, describe in full: _____

I certify that all answers given by me to all the questions on this application are to the best of my knowledge true and that I have not withheld any pertinent information.

I hereby agree that in the course of considering my application, you may make any inquiry to ascertain information concerning my background.

Date: _____ **Signature** _____