

AVCS Coaching Application

Au Sable Valley Middle High School & Board of Education Office

1490 Route 9N, Clintonville, NY 12924

Phone: 518-834-2800 ext. 3220 Fax: 518-834-5325

Name: _____ SS #: _____ Date: _____

Address: _____

Email Address: _____

Cell Phone Number: _____

Coaching Position (specify level)*: _____

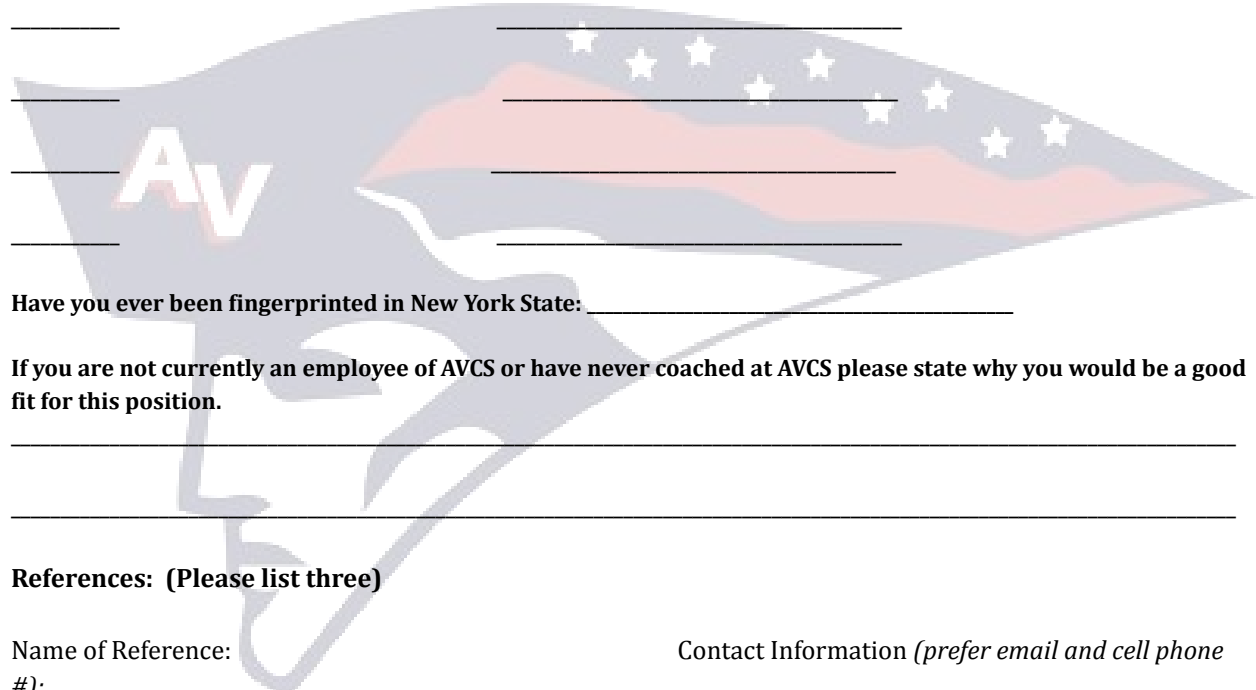
*If other positions in the program become open would you be interested (circle any interested in): Mod. J.V. Var.

Coaching Experience (any sport):

Dates, # of Years:

Position Held:

_____	_____
_____	_____
_____	_____
_____	_____



Have you ever been fingerprinted in New York State: _____

If you are not currently an employee of AVCS or have never coached at AVCS please state why you would be a good fit for this position.

References: (Please list three)

Name of Reference:
#):

Contact Information (*prefer email and cell phone*

_____	_____
_____	_____
_____	_____

- Please note that positions are subject to board approval and applications must be received by posting deadline.