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NEWINGTON PUBLIC SCHOOLS

VOLUNTEER COACHING APPLICATION

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Name:	So	ocial Security No:		
chletics.		Cell Phone No		
Address:	Supportion .	Principles and practices of coaching at-		
Home Telephone:	Work Tele	phone:		
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Email Address:	पर् को लिस किल्लान संवित्तिक साहत	in the second particulars in many second second	1	
Volunteer Position Desired:		Season & Year		
Present Employment Status:				
Educational		n sen en e		
Background:	<u> </u>	es Reistrennes:		
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Have you ever been convicted of a crime or (A "yes" answer does not automatically disq statement to this form.	ualify you from employment). If yes, please explain in writing and attach	the	
	NUMBER			
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<u>Volunteer coaches must:</u> (1) meet with the Athletic Coordinator and present current CPR & First Aid Cards; and (2) be fingerprinted prior to volunteering with any Newington High School athletic team.

Coaching Modules, Class								
Coaching Modules, Classes, Workshops Safety in the use of sports equipment and facilities. Legal responsibilities of athletic coaching.								
							 Prevention of, care of, and recovery from athletic injuries. Anatomical, kinesiological and physiological principles relating to athletics. Principles and practices of coaching adolescents. Sociological and psychological aspects of athletics as they relate to adolescents. Nutrition as it relates to athletic performance. 	
Vill you voluntarily participate in	inservice programs which would add to y	your coaching experience?						
Coaching philosophy of applicant:	apres 3.	Volunteo Positión Desired						
		Present Europopulation Status						
hree References:								
Name	Address	Telephone #						
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		f my personal or employment history and author ent agency to give the Newington Board of						
ny former employer, person, firm,								
ny former employer, person, firm, ducation any information they ma oplication, I release the Newingto	ay have regarding me. In consideration of	of the Newington School board's review of this nployees, and all providers of information from						

Signature:

will not assume sole responsibility for a sub-varsity team, a group of athletes or an individual athlete in a practice game

Date of Application:

situation.

Date

Date Received in Athletic Office: Date Sent to Personnel Office:

Criminal History Check List Fingerprint Certified Check or Money Order \$19.25