



# Sweet Home Central School District of Amherst and Tonawanda

Sweet Home Athletics Department  
1901 Sweet Home Road • Amherst, New York 14228  
(716) 250-1207

## Application for Coaching/Volunteers/Chaperone

|                                                                                                                        |                                      |                                        |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|
| Today's Date:                                                                                                          | Position Applying for:               | Do you hold a NYS Teacher Certificate: |
| Last Name:                                                                                                             | First Name:                          | Middle Initial:                        |
| Address:                                                                                                               | City:                                | Zip:                                   |
| SH CSD Employee:                                                                                                       | If Yes, current building assignment: | Cell Phone Number:                     |
| Social Security No: <i>Potential candidates SS# and DOB will be used to for coaching courses and coaching license.</i> |                                      | Date of Birth                          |
| Email:                                                                                                                 | In case of emergency please Contact: | Emergency contact phone Number:        |

|                                                                                   |                |                 |
|-----------------------------------------------------------------------------------|----------------|-----------------|
| Currently Employer:                                                               | Date From- To: | Position        |
| References List 3 persons below that you are not related to know at least 1 year. |                |                 |
| Name:                                                                             | Address        | Year Acquainted |
|                                                                                   |                |                 |
|                                                                                   |                |                 |
|                                                                                   |                |                 |

I understand that by applying to become a coach/volunteer/chaperone I must fulfill the following requirements, before being recommended to the SH B.O.E.

My signature indicates that I am aware of the Sweet Home CSD policy regarding the above position and that I agree that the SH CSD may contact any or all references listed if necessary.

Signature:

Date:

Please attach resume.

### For Office Use Only

|                                        |              |        |
|----------------------------------------|--------------|--------|
| Id Tag:                                | Tier Access: | Key(s) |
| Signature confirming Id/keys received: |              |        |