



**GALWAY CENTRAL SCHOOL DISTRICT
COACHING APPLICATION**

PLEASE INDICATE THE POSITION YOU ARE INTERESTED IN: _____

LAST NAME	FIRST NAME	MI	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)	E-MAIL ADDRESS	SOCIAL SECURITY NUMBER	

INDICATE HIGHEST LEVEL OF EDUCATION:

HIGH SCHOOL GRADE _____ SCHOOL NAME _____ DATES ATTENDED _____

YEARS OF COLLEGE _____ SCHOOL NAME _____ DATES ATTENDED _____

PREVIOUS COACHING EXPERIENCE: Describe any experience you have that qualifies you for the position you are applying for:

REFERENCES: List names, addresses, titles and phone numbers of 3 coaching references we may contact:

ARE YOU A CERTIFIED TEACHER? YES _____ NO _____

ARE YOU CERTIFIED TO COACH IN NEW YORK STATE? YES _____ NO _____

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please provide details:

Have you ever been fingerprinted for employment in a school district? Yes No
If yes, where and when:

To the best of my knowledge and belief the answers to the above questions are true.
IT IS A MISDEMEANOR IN NYS TO KNOWINGLY MAKE A FALSE STATEMENT ON AN EMPLOYMENT APPLICATION.

SIGNATURE OF APPLICANT

_____/_____/_____
DATE



**GALWAY CENTRAL SCHOOL DISTRICT
COACHING REQUIREMENTS**

Name: _____

Sport: _____

Level: _____

Please indicate any previous experience coaching in New York State: _____

Please note the date you completed the following required courses/training, or indicate those which are not applicable to you. Applicants must submit supporting documentation for each. Please see the "Coaching Requirements Explanation" for clarification of which elements are required for different types of coaching applicants:

- | | |
|--|-------------|
| 1. Child Abuse Workshop | Date: _____ |
| 2. School Violence Workshop (SAVE) | Date: _____ |
| 3. Course I – Phil., Prin. & Org. of Athletics | Date: _____ |
| 4. Course II – Health Sciences Applied to Coaching | Date: _____ |
| 5. Course III – Theories & Techniques of Coaching | Date: _____ |
| 6. Physical Education Certification | Date: _____ |
| 7. First Aid | Date: _____ |
| 8. CPR/AED | Date: _____ |
| 9. Concussion Management Course | Date: _____ |
| 10. DASA Training | Date: _____ |
| 11. NFHS Coaching Course (2 nd Pathway) | Date: _____ |
| 12. NYS Teaching (non PE) Certification | Date: _____ |
| 13. Fingerprint Clearance | Date: _____ |
| 14. NYS Temporary Coaching Liscence | Date: _____ |

Current contact information:

Email address: _____

Home address: _____

Phone(s): Home: _____

Cell: _____

Daytime: _____

- Remember that all coaches (unless Physical Education certified) MUST complete course one prior to their 2nd year of coaching, and the other two coaching certification courses prior to their 5th year coaching—register your certifications as you receive them on the "TEACH" website through NYSED.

FINGERPRINT INSTRUCTIONS

January 2022

Employee to contact Linda Dumblewski at 882-1033 Ext. 3224 or ldumblewski@galwaycsd.org.

Linda will inform the employee that they need to bring in CASH or a CERTIFIED BANK CHECK or MONEY ORDER payable to Galway School in the amount of \$101.75 and at the same time, complete a required Fingerprint Consent Form (original signature of employee and Linda Dumblewski is required).

Once that is done, Linda will email the Consent Form to BOCES so they know that the person has paid for their fingerprints and that they will be calling to make an appointment to get fingerprinted.

Employee to call BOCES at (518) 746-3379 to make an appointment to get fingerprinted. BOCES does not do the fingerprinting. Employee will be informed of various fingerprint locations to choose from.

Once Linda receives notification that employee has been fingerprinted, she will look at the TEACH system to see if the employee has fingerprint clearance.

Once employee has clearance, their name will go to the Board of Education to be appointed to the position.

Once appointed, employee will receive letter indicating that they have been approved by the Board of Education for employment at Galway School and they will be contacted to begin employment.

For questions contact Linda Dumblewski at 882-1033 Ext. 3224 or ldumblewski@galwaycsd.org.

Sherry Carpenter
Supervisor, Substitute Teacher Registry

Consent Form For Fingerprinting And Criminal History Search of Prospective Employees

SECTION 1

Social Security Number: Name:

Mailing Address: City: State: Zip:

Phone Number Date Of Birth State or County of Birth

Height: inches Weight: Sex: Race: Hair: Eyes:

Applicant's E-Mail:

Each applicant will receive by e-mail a "no -charge authorization code" provided by the Teacher Registry office needed to complete the payment process at their appointment

I am applying for Clearance for Employment. School District/ BOCES/Charter School Contract Service Provider

Position Title _____

Fingerprinting Contact Person

School District

Signature of Employee Representative or Fingerprinting Contact Person: _____

Linda M. Dumblewski

SECTION 2

1. I have been informed of the procedures and my right to obtain, review, and challenge the accuracy and completeness, where appropriate, of my criminal history information pursuant to regulations and procedures established by DCJS and the FBI.
2. I understand that I have the right to withdraw my application for employment, without prejudice any time before employment is offered or declined, regardless of whether a prospective employer or I have reviewed my criminal history information.
3. I have been advised that the criminal history record forwarded to the Commissioner by DCJS and the FBI shall be confidential pursuant to the application federal and state laws, rules and regulations and shall not be published or in anyway disclosed to persons other than the Commissioner unless otherwise authorized by law. I understand however, that certain information regarding subsequent arrest notifications received by the Commissioner shall be forwarded to my employing school district, charter school or board of cooperative educational services.
4. I understand that the fee for DCJS and the FBI to conduct a fingerprint supported criminal history background check is established at \$101.75. In order for the Commissioner to process my application my prospective employer or I must pay the required fee.
5. I have been informed of my right to request that my fingerprints be destroyed when I am no longer employed at a school district, charter school or board of cooperative educational services. I also understand that in the event my employment is terminated and I have not become employed in the same or another school district, charter school or board of cooperative educational services within twelve months of such termination, the Commissioner shall notify DCJS and the FBI of such termination and the record of my fingerprints for the purpose of employment shall be destroyed.
6. I have read this consent form and hereby authorize and consent for the Commissioner of Education to use my fingerprints to secure my criminal history record from DCJS and the FBI. I declare and affirm that the fingerprints submitted are my own, and that the information I entered on this consent form are true and accurate. I do authorize NYSED to obtain and review criminal records, including arrests, and dispositions as part of their background investigation of my suitability for employment.

The fingerprint consent form will remain valid for 30 days from the signature date

By checking this Box and typing your name in the box you acknowledge that the above information is true.

Employee's Signature: _____

Date: _____

After submitting form by e-mail print a copy for your records and have the prospective employee sign below .

Employee's Signature

**COURSES ACCEPTED AS MEETING THE COACHES'
FIRST AID REQUIREMENT
Revised February 2020**

FIRST AID – All cards and/or certificates must be renewed per certifying agency requirements

COMPLETELY ONLINE COURSES ARE NOT ACCEPTED. ALL COURSES MUST INCLUDE HANDS ON LEARNING.

Please note- Review courses are only accepted with proof of taking initial course. Participant must possess a current certificate(s) (or equivalent) in order to take a review course. Challenge courses are not accepted by NYSED.

1. NYS State Education Department

An approved agency that offers First Aid using the SED course outlines and time requirements: 12 hours initial; 5.5 hours update (valid for 3 years) <http://www.nysed.gov/curriculum-instruction/approved-coaching-courses-information> (- Click on Toolkit, then on Approved Coaching Courses)

2. American Red Cross Core Courses (additional course modules may be on card, but only the core course is considered for acceptance)

- o Emergency Medical Response
- o Lifeguarding
- o Responding to Emergencies First Aid
- o Responding to Emergencies Adult and Child First Aid/CPR/AED
- o Responding to Emergencies Adult and Pediatric First Aid/CPR/AED
- o Shallow Water Lifeguarding (up to 5 ft)

3. American Safety & Health Institute (ASHI)

- o Advanced First Aid

4. Emergency Care & Safety Institute (ECSI)

- o Advanced First Aid, CPR, and AED
- o Sports First Aid and Injury Prevention-NYS Coaches
- o Wilderness First Aid

5. National Safety Council

- o Advanced First Aid, CPR, and AED

6. NYS Department of Health (DOH) Bureau of Emergency Medical Services

- o Certified First Responder

***THE FOLLOWING PROFESSIONALS do not need to submit a valid First Aid course certificate as part of their coaching license application. However, they will need to submit a valid CPR/AED certificate for their application*:** a. Certified Emergency Medical Technicians (EMT) and Paramedic, b. Fire & Police Officers (full time)

***Individuals holding a NYS PROFESSIONAL LICENSE issued by the Office of the Professions in any of the medical fields identified below can meet the NYS First Aid requirement by submitting verification of their license registration and provide either a current letter of employment or verification of any current first aid course. They will also need to submit a valid CPR/AED certificate for their coaching license application.** a. All Nurses (RN, LPN, NP), b. Physician – Physician Assistant (MD, DO), c. Certified Athletic Trainer (ATC), d. Dentists (Includes Oral and Maxillofacial Surgeons), e. Physical Therapists, f. Optometrists

COURSES ACCEPTED AS MEETING THE COACHES' CPR/AED REQUIREMENT Revised February 2020

CARDIOPULMONARY RESUSCITATION (CPR)/ AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) –

All cards and/or certificates must be renewed per certifying agency requirements

COMPLETELY ONLINE COURSES ARE NOT ACCEPTED. ALL COURSES MUST INCLUDE HANDS ON LEARNING.

Please note- Review courses are only accepted with proof of taking initial course. Participant must possess a current certificate(s) (or equivalent) in order to take a review course. Challenge courses are not accepted by NYSED.

1. NYS State Education Department

An approved agency that offers CPR using the NEWSED course outline and time requirements: 2.5 hours initial; 1.5 hours update (must be renewed every 2 years to be valid) check out <http://www.nysed.gov/curriculum-instruction/approved-coaching-courses-information> - Click Toolkit, then on Approved Coaching Courses)

2. American Heart Association Courses (AHA) Core Courses- May include RQI credentials in addition to core course name

- o Advanced Cardiac Life Support (ACLS)
- o Basic Life Support (BLS)
- o Heartsaver CPR/AED (title may include pediatric, K-12 schools, or first aid)

2. American Aquatics and Safety Training

<u>Course Name</u>	<u>Certificate Name</u>
o Lifeguarding	Lifeguard, CPR/AED, First Aid
o Lifeguarding, Waterfront	Lifeguard, Waterfront, CPR/AED, First Aid
o Shallow pool lifeguarding	Shallow pool lifeguard, CPR/AED, First Aid
o Lifeguarding Recertification	Lifeguard, CPR/AED, First Aid Recertification
o Lifeguarding, Waterfront Recertification	Lifeguard, Waterfront, CPR/AED, First Aid Recertification
o Shallow pool lifeguarding Recertification	Shallow pool lifeguard, CPR/AED, First Aid Recertification
o CPR/AED	CPR/AED for BLS providers
o CPR/AED	CPR/AED for Professionals
o CPR/AED	CPR/AED for lifeguards
o CPR/AED, First Aid	CPR/AED, Advanced First Aid

3. American Red Cross Core Courses (additional course modules may be on card, but only the core course is considered for acceptance)

- o Adult CPR/AED (Note: For High School level coaches only)
- o Adult & Child CPR/AED
- o Adult & Pediatric CPR/AED
- o Basic Life Support for Health Care providers (BLS)
- o CPR/AED for Professional Rescuers and Health Care Providers
- o CPR/AED for Professionals (title may or may not include the term "rescuer")
- o Emergency Medical Response
- o Lifeguarding/First Aid/CPR/AED
- o Responding to Emergencies Adult First Aid/CPR/AED (Note: for High School level coaches only)
- o Responding to Emergencies Adult and Child First Aid/CPR/AED
- o Responding to Emergencies Adult and Pediatric First Aid/CPR/AED
- o Shallow Water lifeguarding (up to 5 ft)/First Aid/CPR/AED

**COURSES ACCEPTED AS MEETING THE COACHES'
CPR/AED REQUIREMENT
Revised February 2020**

4. American Safety & Health Institute(ASHI)

- Adult CPR/AED (For High School level Coaches only); Adult and Child CPR/AED; or Adult, Child and Infant CPR/AED

5. Emergency Care & Safety Institute (ECSI)

- First Aid, CPR and AED
- Health Care Provider CPR & AED
- Sports First Aid & Injury Prevention-NYS Coaches

6. National Safety Council (NSC)

- Adult and Child CPR & AED ; or Adult, Child and Infant CPR/AED
- Advanced First Aid, CPR, and AED
- BLS Healthcare and Professional Rescuer

6. ProTrainings

- Adult, Child, and Infant CPR/AED
- Adult, Child, and Infant, Pediatric CPR/AED & First Aid
- Adult CPR/AED
- Healthcare Provider (BLS) Adult, Child and Infant CPR/AED Adult, Child, and Infant CPR/AED + First Aid
- Adult CPR/AED + First Aid
- Healthcare Provider (BLS) Adult, Child, Infant CPR/AED + First Aid

7. Starguard Elite

- Starguard Lifeguarding

8. NYS Department of Health

- (DOH) Bureau of Emergency Medical Services Certified First Responder