



Whitney Point Central School District

Department of Athletics, Health and Physical Education

Whitney Point Central School District
P.O. BOX 249, Whitney Point, NY 13862
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Director- Murphee Hayes
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Secretary- Shellie Burns
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The Mission of the Whitney Point Central School District is to provide an excellent education ensuring that all children maximize their potential, become contributing citizens, and pursue lifelong learning.

District Beliefs:

- All children possess unique qualities and come to school eager to learn and be successful.
- We respect all people within our community and treat them with dignity at all times.
- Learning is a partnership that includes school staff, parents, family and the community.
- Knowledge allows for critical thinking and effective decision-making.
- Purposeful and intentional change is a constant that leads to educational improvement and positive results.
- Compliance with state and federal regulations is critical to school district success.

Date _____

Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail _____

Present Employment _____

Coaching Position for which you are applying _____

Prior Coaching Experience (please list sport, coaching for whom, date, and your background)

Coaching Philosophy

Season Goals for the program you are applying for:

Certifications

(Please make sure to provide copies of all certifications for the athletic department)

Certified Physical Education Teacher	Date of Certification _____
Certified Teacher	Date of Certification _____
Temporary Coach	Date of Certification _____

Have you met or currently working toward coaching certification?

Yes_____ **No**_____

Coaching Course I **Date Completed**_____

Coaching Course II **Date Completed**_____

Coaching Course III **Date Completed**_____

Do you have a current first aid card? Date card was issued_____

Yes_____

No_____

Do you have a current C.P.R. card? Date card was issued_____

Yes_____

No_____

Do you have a current A.E.D. card? Date card was issued_____

Yes_____

No_____

Complete Fingerprinting requirements date issued_____

Yes_____

No_____

Please list other areas of Certification_____

References

Name-_____

Position-_____

Phone Number-_____

Name-_____

Position-_____

Phone Number-_____

Available times to speak with the Athletic Director
