

In accordance with Article 5 of the Agreement between the Schodack Central Faculty Association and the Schodack Central School Board of Education, the School Administration hereby notifies the President of the Faculty Association that the following vacancies exist in the Schodack Central Schools for the 2019-2020 school year:

**Cross Country:**

Boys & Girls Varsity  
Boys & Girls 7<sup>th</sup>/8<sup>th</sup> Grade

**Golf:**

Boys Varsity

**Soccer:**

Boys Varsity  
Boys JV  
Girls Varsity  
Girls JV  
Boys 7<sup>th</sup>/8<sup>th</sup> Grade  
Girls 7<sup>th</sup>/8<sup>th</sup> Grade

**Volleyball:**

Girls Varsity  
Girls JV

**Basketball:**

Boys Varsity  
Boys JV  
Girls Varsity  
Girls JV  
Boys 7<sup>th</sup>/8<sup>th</sup> Grade  
Boys 7<sup>th</sup>/8<sup>th</sup> Grade

**Bowling:**

Boys & Girls Varsity

**Indoor Track:**

Boys & Girls Varsity

**Wrestling:**

Boys Varsity  
Boys 7<sup>th</sup>/8<sup>th</sup> Grade

**Baseball:**

Boys Varsity  
Boys JV  
Boys 7<sup>th</sup>/8<sup>th</sup> Grade

**Lacrosse:**

Boys Varsity

**Softball:**

Girls Varsity  
Girls JV  
Girls 7<sup>th</sup>/8<sup>th</sup> Grade

**Track:**

Boys Varsity  
Girls Varsity  
Boys 7<sup>th</sup>/8<sup>th</sup> Grade  
Girls 7<sup>th</sup>/8<sup>th</sup> Grade

**Tennis:**

Boys Varsity  
Girls Varsity

**Apply by May 31, 2019 to Elise Britt  
by completing the attached application.**

This notice will be e-mailed to "All Schodack" faculty/staff on May 22, 2019.

Jason M. Chevrier  
Jason M. Chevrier, Superintendent



**Athletic Department**

Elise Britt, Director of Athletics

**Maple Hill High School**

1477 South Schodack Road

Castleton-on-Hudson, NY 12033

PHONE (518) 732-7701, EXT 1140

FAX (518) 732-0494

ebritt@schodack.k12.ny.us

**Maple Hill Coaching Application**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Level, Gender, Sport Applying

For: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

Do you presently teach in the Schodack CSD?

YES

NO

Are you currently coaching in the Schodack CSD?

YES

NO

If yes, what sport and level: \_\_\_\_\_

Years in position: \_\_\_\_\_

Certification:

Are you a certified Physical Education Teacher?

YES

NO

College/Year: \_\_\_\_\_

Have you completed

Phase 1: Philosophy and Principles of Athletics is Education

YES

NO

Date of completion: \_\_\_\_\_

Phase 2: Health Sciences Applied to Coaching

YES

NO

Date of completion: \_\_\_\_\_

Phase 3: Theory and Techniques of Coaching

YES

NO

Date of completion: \_\_\_\_\_

Certification Continued:

<b>Workshop</b>	<b>Date Completed</b>	<b>Valid For</b>
First Aid/CPR		2 Years
Heads-Up Concussion Training		2 Years
DASA		Indefinite
Child Abuse Identification		Indefinite
School Violence Intervention and Prevention		Indefinite

Coaching Experience:

---

---

---

---

---

Playing Experience:

---

---

---

---

---