



Roger León
Superintendent

Newark Board of Education

Where Passion Meets Progress

2020-2021 SCHOOL YEAR APPLICATION FOR: COACH/ADVISOR-ATHLETICS, CO-CURRICULAR, VOLUNTEER, & AFTER-SCHOOL ACTIVITIES

PLEASE TYPE OR PRINT APPLICATION

Please select ONE:

- | | |
|---|---|
| <input type="checkbox"/> Fall Application | <input type="checkbox"/> Spring Application |
| <input type="checkbox"/> Winter Application | <input type="checkbox"/> Year-Round Application |
| <input type="checkbox"/> Volunteer | |

NAME: _____ EMPLOYEE ID#: _____

ADDRESS: _____
STREET (Please no Post Office Box number) STATE: _____ ZIP CODE: _____

TELEPHONE: _____ SSN: _____

COLLEGE/UNIVERSITY NAME: _____

MAJOR: _____ DEGREE: _____

NUMBER OF COLLEGE CREDITS: _____ EXPERIENCE: _____

In order to qualify for Coach/Athletics & Advisors, Co-Curricular and Afterschool programs you must have one of the following credentials.

Please select ONE: {If not applying for Co-Curricular Activities please skip this section}

- New Jersey State Teacher Certification
- New Jersey Substitute Certification Expiration Date: _____
- 60 College Credits from a Regionally Accredited Institution # of Credits _____
- Volunteer (Must undergo New Jersey Department of Education volunteer fingerprint process).

CURRENT POSITION: _____ LOCATION/SITE: _____

Recommended Position & Location:

POSITION: _____ LOCATION/SITE: _____

Please list three (3) references who will attest to your expertise and knowledge of the activity.

1. _____ Contact Number: _____

2. _____ Contact Number: _____

3. _____ Contact Number: _____

I herein agree that the Newark Board of Education has my authorization to contact any public or private organization relative to this application and/or my ability to perform the job duties.

SIGNATURE: _____ DATE: _____

BE ADVISED THAT ANY APPLICATION NOT COMPLETELY FILLED OUT WILL NOT BE ACCEPTED FOR CONSIDERATION OF ASSIGNMENT.