



2009/2010 Coaching Application Form (HEAD COACHES ONLY)

Name: _____
(First) (Middle) (Last)

Address: _____

State: _____ Zip: _____

Phone: (home) _____ (cell) _____ (work) _____

E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Employer: _____ Occupation: _____

Employer Address: _____ Employer Phone: _____

Preferred Coaching Assignment	(Travel Only)		
	'AA'	'A'	'C' (house select)
MITES	_____	_____	_____
SQUIRTS	_____	_____	_____
PEEWEE	_____	_____	_____
BANTAM	_____	_____	_____

Please select one of the following if you are interested in coaching: **Junior Lancer**
VARSITY _____
JR. VARSITY _____

Preferred Coaching Assignment (House Only)

IP	_____
MITE	_____
SQUIRT	_____
PEEWEE	_____
BANTAM	_____

HIGH SCHOOL HOUSE LEAGUE _____

Please write in which school you are interested in: _____

Are you certified with USA Hockey? Yes _____ No _____

If "yes" please check your current status.

Coaching Certification

	CEP #	Year Obtained	Location
Level 1-Initiation	_____	_____	_____
Level 2-Associate	_____	_____	_____
Level 3-Intermediate	_____	_____	_____
Level 4-Advanced	_____	_____	_____

If you are not certified, would you be willing to take a course which would allow you to attain the required level? Yes _____ No _____

If a coaching position were not available in the age group of your choice, would you be willing to coach/apply for a different team? _____

If 'yes' which division? _____

Hockey Coaching Experience (start with most recent)

Year	Association/Team Name	Age group/Division	Position (Coach, Assistant, Mgr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hockey Playing Experience (start with most recent)

Year	Association/Team Name	Age group/Division	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Sports Coached (start with most recent)

Year	Sport	Age group/Division	Association
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a child registered with O.M.A.H.A. Hockey? _____

Have you ever been dismissed or suspended by an amateur sports organization?

Yes _____ No _____ We need to discuss _____

Have you ever received a Gross Misconduct penalty during or following a game?

Yes _____ No _____ We need to discuss _____

Have you ever been involved in a physical altercation with anyone before, during, or after a game?

Yes _____ No _____ We need to discuss _____

Coaching References

Name: _____

Address: _____

Phone: _____ Occupation: _____

Name: _____

Address: _____

Phone: _____ Occupation: _____

Name: _____

Address: _____

Phone: _____ Occupation: _____

Undertaking

I hereby consent to disclosure of the above information. I hereby acknowledge the authority of USA Hockey and O.M.A.H.A hockey association and agree to carry out and abide by their rules, by-laws and regulations.

Signature: _____ Date: _____