HAMDEN YOUTH HOCKEY ASSOCIATION

COACH APPLICATION

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

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Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cel Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM(s) INTERESTED IN COACHING IN 2015-16 (circle);

MITE A MITE B SQUIRT A SQUIRT B PEE WEE A PEE WEE B

 BANTAM A BANTAM B GIRLS U14 GIRLS U16 GIRLS U19

COACHING DIRECTOR

References: Please list at least 3 personal references – name and telephone number:

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Hockey/Coaching Experience: Please detail your coaching experience (if any)

USA Hockey Coaching Card: YES / NO Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Briefly state why you would like to coach youth hockey and your philosophy on coaching (use reverse side if necessary):

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

UPON COMPLETION PLEASE EMAIL TO MATT BOYHEN AT;

 matthewboyhen@comcast.net **CONNECTICUT HOCKEY CONFERENCE**

**COACH APPLICATION & DISCLOSURE STATEMENT**

CONNECTICUT HOCKEY CONFERENCE and its member programs will not authorize in any of its programs that it directly controls any volunteer or employee who has routine access to children (anyone under the age of majority), who refuses to consent to be screened by Connecticut Hockey Conference or its member programs prior to being issued acceptance/approval for routine access to the children who take part in Connecticut Hockey Conference or its members’ programs.

**Volunteer Application and Disclosure Agreement**

(Please Print)

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Social Security Number **REQUIRED**

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Date of Birth **REQUIRED** Home Phone Work Phone

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Previous Address(s) if located in another state within the past 10 years

I have read and understand that a person maybe disqualified and prohibited from serving as an employee or volunteer of Connecticut Hockey Conference and its member programs, if among other things, the person has:

1. Been convicted (including crimes the record of which has been expunged and pleas of "'no contest"") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, or controlled substance crimes;

2. Been adjudged liable for civil penalties or damage involving sexual or physical abuse of children;

3. Been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order or protection;

4. Had their parental rights terminated;

5. Has history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;

6. Resigned, been terminated or been asked to resign from a position, whether paid or un-paid, due to a complaint(s) of sexual or physical abuse of minors;

7. Has a history of other behavior that indicates they may be a danger to children in Connecticut Hockey Conference and/or its members’ programs;

Do any of the above apply to you? YES\_\_\_\_\_ NO \_\_\_\_\_\_\_

If YES, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered.

I authorize Connecticut Hockey Conference and/or its member programs to investigate all information contained in this application, including, but not limited to a criminal records investigation. The employers, organizations, and individuals name are authorized to give you any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they have about me.

In consideration of the evaluation of this application by Connecticut Hockey Conference and/or its member programs.

I HEREBY WAIVE, RELEASE AND DISCHARGE Connecticut Hockey Conference, all its member programs, all employees, organizations and individuals, and any other persons or entities from Liability for damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 matthewboyhen@comcast.net