



South Windsor Youth Hockey Coaching Application 2010-2011 Season

POSITION: Head Coach Assistant Coach

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

DESIRED COACHING LEVEL:

1st Choice: _____

2nd Choice: _____

Would you accept any other level? _____

HOCKEY COACHING EXPERIENCE:

Level(s) Coached:	Years
_____	_____
_____	_____
_____	_____
_____	_____

USA HOCKEY COACHING CERTIFICATION LEVEL:

Mite & Under – Level 1 Required

Squirt – Level 2 Required

Pee Wee, Bantam & Midget – Level 3 Required

Current level held (please provide copy of card with form): _____

If you don't currently have an achievement certificate will you commit to acquiring one?

Yes No

OTHER COACHING OR YOUTH HOCKEY RELATED EXPERIENCE:

REFERENCES:

To assist us in our coaching selection please provide a brief answer for each of the following questions:

What is your coaching philosophy?

What is your commitment level to tryouts (will you be present)?

How will you conduct your tryout?

How will you conduct your practices and games?

Would you object to having a routine police background check done if you were to obtain a coaching position?

YES NO

Will you be available to attend monthly board meetings?

YES NO

PLEASE MAIL COMPLETED FORM TO:

**John Kelly
10 Bramblebrae Drive
South Windsor, CT 06074**