

**WTM Youth Hockey  
COACHING APPLICATION  
2016/2017**

**Personal Data**

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Application is for: (*check one*) Head coach OR Assistant coach

Level: (*check one*) Novice Mite Squirt Pee Wee Bantam Midget GSL Midget H.S.

If not selected for a head coach position, would you be willing to serve as an assistant? (*Check one*) YES OR NO

Do you hold a USA Hockey coaching certificate? (*Check one*) YES OR NO

At what level do you currently hold? (*Check one*) Initiation Associate Intermediate Advanced

USA Hockey CEP Card # \_\_\_\_\_

If you have coached with a WTM team in the past, when and at which levels?

\_\_\_\_\_  
\_\_\_\_\_

Additional coaching experience. (By year and levels)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly, explain your coaching philosophy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach any additional information and experience you may feel necessary to complete your application)

USA and Mass Hockey require all coaches to wear protective Helmets on the ice. You must be willing to wear a helmet. By signing this coach's application I agree to wear a protective helmet on the ice or I will forfeit my coaching position.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Please email to: [wtmhockeycoach@gmail.com](mailto:wtmhockeycoach@gmail.com)**