Brewins Youth Hockey

The Brewins Youth Hockey Association, Inc.
P.O. Box 571
Bridgewater, MA 02324

2018-2019 Coaching Application
(4/1/18 Filing Deadline)

Name: _____
(Last) (First) (MI)

Address: _____

Town: _____ Zip Code: _____

Home Phone: (_____) _____-_____ Date Of Birth: _____/_____/_____

Work phone: (_____) _____-_____ Cell phone: (_____) _____-_____

Family Email Address: _____

1. Did you have children involved in the Brewins organization for the 2017/2018 season? Yes ____ No ___
   If yes, at what level? 1st child _____ 2nd child _____ 3rd child _____

2. Are you currently patched by USA Hockey? Yes _____ No _____
   If yes, indicate CEP # and Level: _____

3. Have you completed any of the USA Hockey Age Specific Modules? Yes _____ No _____
   If yes, please circle the module(s) completed: Mite Squirt Peewee Bantam Midget

4. Do you have previous hockey coaching experience? Yes _____ No _____
   If yes, with what program? _____
   What level(s) did you coach? _____

5. Have you ever been relieved from your coaching duties at any time from an organizational sport?
   Yes _____ No _____ If yes, please give a brief description: _____
   _____

6. Are you new to the Brewins for the 2018/2019 season? Yes _____ No _____
   If yes, please provide two (2) Names and Phone Numbers of reference from previous program(s):
   Name #1: _____ Phone: (_____) _____ - _____
   Name #2: _____ Phone: (_____) _____ - _____

7. Level you would like to be considered as a Head Coach?
   Mite: _____ Squirt: _____ Peewee: _____ Bantam: _____ Midget: _____
   Level you would like to be considered as an Assistant Coach?
   Mite: _____ Squirt: _____ Peewee: _____ Bantam: _____ Midget: _____

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8. Are you able to attend a coaches meeting once per month? Yes _____ No _____

9. Are you be able to volunteer 4 hours for the learn to play program? Yes_____ No_____
   (Learn to play starts in February and runs for 10 weekends with 1hr on Saturday and 2 hours on Sunday)

10. Will you be coaching another team in another program? Yes _____ No _____

11. Please use this additional space to add comments about yourself (only for applicants that have not been a prior Head Coach in the organization).

_____

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I agree to abide by all the rules, regulations, bylaws, and policies of USA Hockey, Massachusetts Hockey, and The Brewins Youth Hockey Association, Inc. I further understand that if I conduct myself in such a manner to be deemed a detriment to the welfare, safety, sportsmanship, of fair play embodied within the ideals set for the association, I can be removed from the position held.

_____ _____
Signature of applicant Date

Email application to Chris Lavoie:
ciab317@verizon.net

Mail application to
Tim Kenneally
28 Pine Acres Road
Foxboro, MA 02035

District: **4**
Program: **Brewins Youth Hockey**
Season: **2018 - 2019**

MASMA12-03053

Massachusetts Hockey, Inc. is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to GL c. 6s. 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding employees, volunteers, vendors or contractors.

*** VOLUNTEER INFORMATION (PLEASE TYPE) ***

_____ _____ _____
Last Name First Name Middle Name

_____ _____
Maiden Name or Alias (If Applicable) Place of Birth (City, State, Country)

_____ _____-_____ _____
Date of Birth (mm/dd/yyyy) Social Security Number (Last 6 numbers- **REQUIRED**) ID Theft Index PIN (If available)

_____
Mother's Maiden Name

Height_____ ft _____ in ~ **Weight** _____ in lbs ~ **Eye Color** _____ **SEX** Male Female (Circle One)

Driver License Number _____ State _____

Current Address .

_____ _____ _____ _____
Street and number City State Zip

Former Address .

_____ _____ _____ _____
Street and number City State Zip

THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION.

Form of Picture ID: _____

Requested by: _____
Signature of CORI Authorized Employee

*If an applicant has provided an Identity Theft PIN number on this form, please ONLY fax forms with Identity Theft PIN numbers to DSJIS. All other CORI request must be processed electronically through Web-CORI. Do not mail or fax other forms to DCJIS