

# BRAINTREE YOUTH HOCKEY

## APPLICATION FOR COACHING POSITION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

1. POSITION: HEAD COACH  ASS'T COACH  NO PREFERENCE

2. LEVEL DESIRED: Mite  Squirt  Pee wee  Bantam  Midget

4. USA HOCKEY COACHING LEVEL ATTAINED

ADVANCED  INTERMEDIATE  ASSOCIATE  INITIATION

5. COACHING EXPERIENCE:

\_\_\_\_\_

6. HOCKEY PLAYING EXPERIENCE:

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

7. LEVEL AND TEAM INTERESTED IN  
COACHING: \_\_\_\_\_

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

Please describe your Coaching Philosophy:

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



# COACHING CODE OF ETHICS AGREEMENT

## COACHING ETHICS CODE AGREEMENT

### **INSTRUCTIONS:**

All head coaches, assistant coaches, and coaching instructors must complete this agreement every year. First; study the Coaching Ethics Code itself.

(<http://www.usahockey.com/coaches/ethics.htm>) It may be found on the USA Hockey Website (<http://www.usahockey.com/>) Print this page using your web browser and complete it.

Submit this form with other registration materials to your local Massachusetts Hockey Association.

### **AGREEMENT**

I, the undersigned coach, have read and agree to abide by, the USA Hockey Coaches Ethics Code.

I understand that violations of the Coaches Ethics Code may result in full or partial forfeiture of my coaching privileges in programs sanctioned by USA Hockey and/or its affiliate, the Massachusetts Hockey Association.

I further understand that lack of awareness or a misunderstanding of an ethical standard on my part is not a defense to a charge of unethical conduct.

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

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

Print name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



DISTRICT: \_\_\_\_\_  
PROGRAM: \_\_\_\_\_  
SEASON: \_\_\_\_\_

AHACM/MASS HOCKEY has been certified by the Criminal History Systems Board for access to conviction data. As an applicant/employee for the position of \_\_\_\_\_  
I understand a criminal record check will be conducted for conviction information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME: FIRST NAME: MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE) SEX: M F

DATE OF BIRTH: SOCIAL SECURITY NUMBER:

ADDRESS:

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF MASS HOCKEY CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: NO RECORD: