

Boise Youth Amateur Hockey Association Coaching Application

CONTACT INFORMATION:

Name: _____ Date: _____
Street Address: _____
City, State, Zip Code: _____
Phone Number(s): _____
Email Address: _____

LEVEL APPLYING FOR:

Application for coaching level: _____
(I.e. Squirt A, PeeWee B, etc.)
Available for coaching at levels: _____
(I.e. Squirt, PeeWee, etc.)

COACHING CERTIFICATION CEP INFORMATION:

Coaches must be certified through USA Hockey at the appropriate level. For more information, please go to www.usahockey.com.

Are you USA Hockey CEP certified? YES _____ NO _____
Current CEP Level and Certification Number: _____
Level Expiration Date: _____
Current Age Module Completed: _____

PARENT COACH:

List your child(ren) playing at these levels:

COACHING EXPERIENCE:

Please list your coaching experience and/or positions (most recent first).

HOCKEY EXPERIENCE:

Describe your hockey background, training, and experience.

COACHING STRENGTHS:

Please describe your coaching strengths.

COACHING WEAKNESSES:

Please describe your coaching weaknesses and how you plan to improve.

COACHING PHILOSOPHY:

Please outline your coaching philosophy regarding practices, discipline, games and tournaments.

COACHING STAFF:

Please list any individuals that you are interested in coaching with in the upcoming season.

COACHES COMMITMENT:

Coaching requires a large amount of commitment and personal dedication throughout the course of a season. Are there any factors that we should be aware of that may prevent you from fulfilling your duties as coach? (I.e. missed practices, games or team events) Please list any conflicts and provide an explanation below.

DISCIPLINE:

Have you ever been disciplined by USA Hockey or any hockey association? If so, please explain below.

COACHING AGREEMENT:

I certify that the answers given are true and complete. I acknowledge that the information presented during the entire selection process is true and accurate. I authorize investigation of all statements contained in this application for coaching, as they may be necessary in arriving at an acceptance decision. In the event of acceptances, I understand that false or misleading information given in my application or interview may result in non-acceptance or termination. I also understand that I am required to abide by all rules and regulations of USA Hockey, Idaho Amateur Hockey Association and BYAHA. Applicant agrees that Applicant is subject to dismissal from Applicant's assigned coaching position if Applicant's conduct is deemed to be inconsistent with the BYAHA's mission statement.

Signature of Applicant: _____ **Date:** _____

PLEASE COMPLETE AND DELIVER TO:

hockeydirector@jrsteelheads.com