



EVOLUTION ELITE HOCKEY ACADEMY

EVOLUTION COACHING APPLICATION

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Home E-mail _____

PROFESSIONAL INFORMATION

Occupation _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Work Phone _____

Work E-mail _____

HOCKEY BACKGROUND/CREDENTIALS

Teams Coached:

Year _____	Level _____	Organization _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Year _____	Level _____	Organization _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Year _____	Level _____	Organization _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Year _____	Level _____	Organization _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer

Are you a USA Hockey Certified coach? YES NO

If YES, what level? _____ Certification Number _____ Year certified _____

If NO, do you plan to seek certification? _____

Position that you are applying: Head Coach Assistant Coach

Age division you desire to coach: Mite Squirt Pee wee Bantam Midget Minor Midget Major

Briefly describe your hockey experience as a player, including highest level of play, teams with whom you have played, etc.:

Briefly describe your coaching philosophy:

COACH'S OATH

I understand that **Evolution Elite Hockey Academy** is a premier Tier II amateur hockey organization dedicated to promoting and developing the great game of hockey. I promise that as coach in this organization, I have an obligation to conduct myself in a professional manner at all times, and to set a positive example for my players. I promise to teach my players to respect the game of hockey, the organization, other coaches, officials, teammates and opposing players.

By signing below, I agree to abide by the rules of Evolution Elite Hockey Academy, Colorado Competitive Youth Hockey League, Colorado Amateur Hockey Association, and USA Hockey. I understand that failure to abide by the foregoing may result in forfeiture of my coaching privileges as may be determined by the Board of Directors of Evolution Elite Hockey Academy.

Name _____ **Date** _____

Signature _____

Please return signed and completed form to:

EVOLUTION ELITE HOCKEY ACADEMY
8580 E. Lowry Boulevard
Denver, CO 80230

(For Office Use)

Date of Interview: _____ **Time of Interview:** _____ **Interviewed by:** _____

Interviewer Comments:

Decision of Board of Directors: **Applicant Accepted** **Applicant Rejected**

ADSSIGNED TO: Position _____

Team _____

SALARY: _____