

CYHA Coaching Application



Please email completed application to all of the following:

- President@centennialhockey.org
- VPHockey@centennialhockey.org
- Boysdirector@centennialhockey.org
- Girlsdirector@centennialhockey.org

OR for Mites

mitedirector@centennialhockey.org

Contact Information:

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Level Applying for:

<u>MITES</u>	<u>SQUIRTS</u>	<u>PEEWEE</u>	<u>BANTAM</u>	<u>GIRLS</u>	<u>JR GOLD</u>
<input type="checkbox"/> Mini Mites	<input type="checkbox"/> Squirt A	<input type="checkbox"/> Peewee AA	<input type="checkbox"/> Bantam AA	<input type="checkbox"/> U8	<input type="checkbox"/> 17-19A
<input type="checkbox"/> Mite A	<input type="checkbox"/> Squirt B1	<input type="checkbox"/> Peewee A	<input type="checkbox"/> Bantam A	<input type="checkbox"/> U10A	<input type="checkbox"/> 17-19B
<input type="checkbox"/> Mite B	<input type="checkbox"/> Squirt B2	<input type="checkbox"/> Peewee B1	<input type="checkbox"/> Bantam B1	<input type="checkbox"/> U10B	<input type="checkbox"/> 16U
<input type="checkbox"/> Mite C	<input type="checkbox"/> Squirt C	<input type="checkbox"/> Peewee B2	<input type="checkbox"/> Bantam B2	<input type="checkbox"/> U12A	
<input type="checkbox"/> Mite D		<input type="checkbox"/> Peewee C		<input type="checkbox"/> U12B	
				<input type="checkbox"/> U14A	
				<input type="checkbox"/> U14B	
				<input type="checkbox"/> U19	

Head Coach _____ Assistant Coach _____ Goalie Coach _____

CEP Information:

Current CEP Level: ____

Date Expires: _____

CEP NUMBER: _____

Current Age-Specific Module Attained: Mite Squirt PeeWee Bantam Midget Disabled
(Check all that apply)

Parent Coaches:

List your child(ren) and level(s) for season applying for.

Non Parent Coaches:

Please list previous coach/volunteer experience for the age level you are applying for.

Coaching Experience:

Please list past/present coaching experiences and positions.

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/compensate.

Coaching Philosophy:

Please explain your coaching philosophy and why you want to coach at this age/level.

References:

Name	
Home Phone	
Cell Phone	
E-Mail Address	
Relation to Applicant	

Name	
Home Phone	
Cell Phone	
E-Mail Address	
Relation to Applicant	

Name	
Home Phone	
Cell Phone	
E-Mail Address	
Relation to Applicant	

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a coach, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

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- Boysdirector@centennialhockey.org
- Girlsdirector@centennialhockey.org

(unless Mites) then just MiteDirector@centennialhockey.org