

Coaches Application for Bismarck Hockey Boosters

FULL NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

EMAIL _____

CELL PHONE _____



USA Hockey Coaching CEP Level:	USA Coach CEP Number:
CEP Level Expiration:	Modules Completed:
SafeSport Certified: Yes/No	If Yes, Expiration Date:

PREVIOUS COACHING EXPERIENCE (LEVEL/YEARS):

PLAYING EXPERIENCE:

COACHING AGE GROUP PREFERENCE:

GROUP/LEVEL: ex. PW B1, ex. BANTAM ANY LEVEL _____

COMMENTS: _____

LIST YOUR PERSONAL COACHING GOALS:

LIST YOUR TEAM GOALS:

DESCRIBE YOUR BENCH MANAGEMENT STYLE:

WHAT ARE YOUR COACHING STRENGTHS?:

WHAT ARE YOUR COACHING WEAKNESSES? HOW DO YOU PLAN TO IMPROVE ON THEM?:

PROFESSIONAL AND/OR PERSONAL REFERENCES:

- 1) _____
- 2) _____
- 3) _____

*I HEREBY UNDERSTAND THERE WILL BE A FULL BACKGROUND CHECK COMPLETED PRIOR TO ANY OFFERED POSITION. I ALSO UNDERSTAND THIS APPLICATION NO WAY GUARANTEES ANY OFFER TO A POSITION. THERE MAY BE OTHER REQUIRED CERTIFICATIONS NEED PRIOR TO A POSITION OFFER. BISMARCK HOCKEY BOOSTER DOES NOT BASE ANY OFFER ON RACE, RELIGION, SEX, NATIONALITY, OR SEXUAL ORIENTATION. BHB IS AN EQUAL OPPORTUINTY ORGANIZATION. BY SIGNING YOU UNDERSTAND THE APPLICATION IS FREE FROM ANY FALSE OR MISLEADING INFORMATION.

DATE

PRINT NAME

SIGNATURE