



Garden City Hockey Association Coaching Application

This application is for persons interested in a coaching position for Garden City Hockey Association. All coaches that are selected by GCHA MUST submit for a background check online with the Michigan Amateur Hockey Association @ www.maha.org, must pass MAHA's background check (you will need to print the email confirmation) and must also register online with USA Hockey @ www.usahockey.com (and will need to print this confirmation as well). You will also be required to obtain the proper USA Hockey coaching certification level need for the level that you are coaching.

Applicant's Name: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

Please circle which Division you are applying for a head coaching position:

- House
- Skill Development/Novice
 - 6U
 - 8U
 - 10U
 - 12U
 - 14U
 - 16U
 - 18U

- Travel
- 8U A
 - 08 (SQ A)
 - 07 (SQ AA)
 - 06 (PW A)
 - 05 (PW AA)
 - 04 (Bantam A)
 - 03 (Bantam AA)
 - 16U A
 - 18U AA

Highest level of USA coaching certification: 1 2 3 4 5 None

Certification Number: _____

Prior Coaching Experience:

<u>Year</u>	<u>Division</u>	<u>Association</u>	<u>Coaching Position</u>
_____	_____	_____	Head Coach / Assistant
_____	_____	_____	Head Coach / Assistant
_____	_____	_____	Head Coach / Assistant

Summarize your coaching experience:

Summarize any other experience that may be of value in coaching youth hockey:

Summarize your experience playing hockey:

List any children you have playing hockey, along with their level and where they play:

Have you ever been convicted of a felony? Y / N

Have you ever been removed as a coach or parent from any association? Y / N

Have you ever been asked to leave an association as a coach or parent? Y / N

Have you ever been required to appear before MAHA, Little Caesars, USA Hockey, or any other hockey organization for a disciplinary hearing? Y / N

Will normal working hours affect your ability to be present at any team games, practices, meetings and other GCHA functions? Y / N

Please provide three personal references including phone numbers:

Name_____	Phone Number_____
Name_____	Phone Number_____
Name_____	Phone Number_____

Are you available and agree to be interviewed by the GCHA Board? Y/N

By signing this document, you agree to the following:

- As a GCHA Coach, you are expected to be responsible, professional, a good role model, abide by all rules and regulations of CAHA, USA Hockey, MAHA and Little Caesars, and to the best of your ability teach, train, mentor and provide positive guidance for members of this association.
- Inappropriate, illegal, or conduct unbecoming a head coach can be grounds for immediate removal from the head coach position, and you understand and agree that the head coach position is "at-will" and GCHA can remove you from your position at any time.
- Your position with GCHA is a non-paid, volunteer position and you will accept no compensation in any form.
- You certify that all information provided in this application is true to the best of your knowledge, and any intentionally provided incorrect information, or intentionally omitted information, will disqualify you from obtaining a head coaching position.

I hereby agree to indemnify and hold harmless Garden City Hockey Association (GCHA), it's elected and appointed officers, directors, coaches, volunteers and any other person directly or indirectly affiliated with GCHA, the City of Garden City, it's elected and appointed officials, employees, and volunteers, from any and all liability, including personal injury or bodily injury, which may arise or be associated with this application, a coaching position, or any information received as a result of this application or any coaching position.

I also agree to allow GCHA to investigate any claims made in this application and to do a personal background check into any possible criminal activities with local police authorities.

I hereby certify that I have read the above information and agree to all the content.

Signature_____

Date_____

Please mail the completed application to:

GCHA
Attn: A.C.E. Director
P.O. Box 946
Garden City, MI 48135
Or email to: gcha.ace.director@gmail.com