



Havre Youth Hockey Coaching Application



PERSONAL INFORMATION

Full Name: _____

Address: _____

Contact Number: _____ Email: _____

Volunteer, community, charitable and/or other unpaid experience

Name of organization	Address	Phone	Role/Services provided

This position requires all coaches to be available for practices three (3) nights a week and be at all home and away games. Will your current employer allow off time for the required 20+ games, festivals and tournaments?

HOCKEY AND COACHING QUALIFICATIONS

Did you play ice hockey as a youth? YES NO

Do you play ice hockey in an adult league? YES NO

Do you have a current USA Hockey Coaching Card: YES NO

If Yes provide number, expiration date and level: _____

Age group Modules Completed: _____

Do you have a current USA Hockey Referee Card: YES NO

If YES provide Number and Level: _____

Numbers of years' experience coaching athletic team sports: _____

Number of years' experience as an ice hockey coach (head or assistant): _____



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Provide the following information for each season you coached an ice hockey team, beginning with the most recent (continue on separate page and attach, if needed)

Year	Team Name	Location (City, State)	Club/League	Coaching Position	House/Travel/School	Tier I Tier II NA	Division AAA, AA, A, B, C, Developmental

POSITION YOU ARE REQUESTING

Provide the Age Bracket(s)/Level(s) you are willing to coach (check all that apply)

6U/8U

10U

12U

14U

16U/18U

14U/19U GIRLS

Provide your top 3 choices and desired role(s), starting with the one of greatest interest

	Team	Position (Head Coach; Assist Coach; No preference)
1 st		
2 nd		
3 rd		

Applicant's Statement, Authorization and Release of Liability

I hereby certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process will be sufficient cause for my not being accepted as a coach, or for my dismissal no matter when discovered.

I authorize HAVRE YOUTH HOCKEY to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give HAVRE YOUTH HOCKEY any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they may have about me. In consideration of the evaluation of this application by HAVRE YOUTH HOCKEY, I hereby waive, release and discharge HAVRE YOUTH HOCKEY, USA Hockey, MAHA, all employers, organizations, and individuals, and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this.

I acknowledge that I am subject to criminal background checks to be done by USA Hockey, the Montana Amateur Hockey Association and/or the Treasure State League with which HAVRE YOUTH HOCKEY is affiliated and in accordance with Montana law. I understand that I may not begin coaching unless these requirements are satisfied in full. I further acknowledge that I must meet the minimum coaching requirements as set forth by USA Hockey (MAHA and HAVRE YOUTH HOCKEY, as applicable) to be considered for any coaching position with HAVRE YOUTH HOCKEY.

Signature

Date