



International Falls Rec Hockey Coaches Application Form

All individuals wishing to coach for IFRH during the 2018-2019 hockey season must complete this application. All applications will be reviewed by the hockey board. No applicant may participate in any coaching capacity until the Hockey Board has given approval and assignment to a team.

Name: _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

All coaches are required to have a current USA Hockey coaching certificate (CEP Card) and must complete the Age-Specific Module and Safe Sport training.

Coaching Certification Card # _____ Last year of certification _____

Desired Position: Head Coach: _____ Assistant Coach: _____ Either: _____

Indicate what level of team you're looking to coach (i.e. Peewee A, Girls U12A, Bantam C,) _____

Do you have a child that might play at this level? (Yes/No) _____

List your coaching experience. Most recent first.

1) _____

2) _____

3) _____

Please complete the following questions:

1) Why do you want to coach hockey?

2) Using an A, B, C rating scale, where A=expert; B=moderate; C=Beginner, please rate your:

a) Knowledge of hockey? _____ b) Fairness? _____ c) Consistency? _____ d) Passion? _____

3) Using an A, B, C rating scale, where A=expert; B=moderate; C=Beginner, please rate your ability to:

a) Develop Player skills _____ b) Foster passion in players _____ c) Teach life lessons through hockey _____

3) Describe your philosophy on team discipline:

4) Describe your philosophy on playing time:

5) List your coaching strengths/weaknesses:

6) What role do you think the coach plays in the life of the youth hockey player?

7) Do you have a valid Driver's License, reliable vehicle and are you able to enter Canada for games?

Please list three adult references who would affirm your qualifications as a youth hockey coach (Parents of past players are preferred):

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Years Known/Relationship to You</u>
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By signing below, I hereby affirm that the information entered in this Falls Youth Hockey Coaching Application is both true and accurate.

Applicant signature _____ Date _____

Please return to Kerry Park Arena office drop box or Mail to:

I.Falls Rec Hockey Board
Kerry Park Arena
601 13th Street
Int'l Falls, MN 56649

Please contact Jeremy Hasbargen (218-324-2270) or email jhasbargen74@gmail.com with any questions.