



# SAUK RAPIDS YOUTH HOCKEY ASSOCIATION 2009-2010 COACHES APPLICATION

### 1. Personal Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Male/Female  
Mo Day Year circle gender

Rank all levels you are interested in coaching, with "1" being your first choice, "2" your second, etc.:

Head Coach \_\_\_\_ Assistant Coach \_\_\_\_  
 Initiation Program \_\_\_\_ Squirt A \_\_\_\_ B \_\_\_\_ C \_\_\_\_ Pee wee A \_\_\_\_ B \_\_\_\_ C \_\_\_\_ Bantam A \_\_\_\_ B \_\_\_\_ C \_\_\_\_  
 Girls U8A \_\_\_\_ B \_\_\_\_ U10A \_\_\_\_ B \_\_\_\_ U12A \_\_\_\_ B \_\_\_\_ U14A \_\_\_\_ B \_\_\_\_

### 2. USA Hockey CEP (Coaching Education Program) Certification

Do you have a USA Hockey Coaching Education Card? No / Yes If YES, complete all of section 2:  
 USA Hockey CEP# \_\_\_\_\_ What year did you last attend a CEP clinic? \_\_\_\_\_

What level USA Hockey CEP clinics have you completed? (circle all that apply)  
 Lvl 1-(Initiation) Lvl 2-(Associate) Lvl 3-(Intermediate) Lvl 4-(Advanced) Lvl 5-(Master)

### 3. Coaching Background

Last District # and Association you coached at? \_\_\_\_\_  
 Total number of years you have been coaching? \_\_\_\_\_  
 What team did you last coach? (Circle one)  
 MiniMite Mite IP Squirt Pee wee Bantam Girls U14 U12 U10 U8 Other \_\_\_\_\_  
 What level did you last coach at? (Circle one) A B B1 B2 C House  
 What teams have you coached in the past? (Circle all that apply)  
 MiniMite Mite IP Squirt Pee wee Bantam Girls U14 U12 U10 U8 Other \_\_\_\_\_  
 What levels have you coached at? (Circle all that apply) A B B1 B2 C House  
 Do you have any non-hockey coaching experience? No / Yes If YES, what sport(s)? \_\_\_\_\_  
 \_\_\_\_\_

### 4. Coaching Clinics and Training

List any hockey coaching clinic(s) you have attended other than USA Hockey CEP programs: \_\_\_\_\_  
 \_\_\_\_\_  
 List any non-hockey coaching clinic(s) you have attended: \_\_\_\_\_  
 \_\_\_\_\_

### 5. Education Courses and Licenses

List any education course(s) taken: \_\_\_\_\_  
 Do you have a State High School Coaching License? No / Yes If YES, please attach a copy.  
 Do you have any other non-hockey Coaching Certificates or Licenses? No / Yes If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_

### 6. Educational Background

What is your highest level of education completed? (Circle one)  
 High School Trade School Some College 2-year College 4-year College Post Graduate  
 High School: \_\_\_\_\_ Grad Date: \_\_\_\_\_  
 College(s): \_\_\_\_\_  
 Degree/Major(s): \_\_\_\_\_ Grad Date: \_\_\_\_\_

**7. Hockey Playing History – give a brief history of your hockey playing experience**

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**8. Hockey Coaching History – give a brief history of your hockey coaching experience**

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**9. Strengths – list your strengths as a hockey coach**

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**10. Weaknesses – list your weaknesses as a hockey coach**

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**11. Why do you want to be a youth hockey coach?**

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**12. Personal References List THREE references (Personal or Hockey related)**

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_

TO ALL APPLICANTS: Please take time to make this application as accurate and complete as possible. In today's society, there are more and more situations where youth organizations are being accused of putting adult coaches, group leaders, etc. together with children without careful screening and consideration of these applicants. Such difficulties can and have led to litigation. Please help SRYHA fulfill its' legal responsibility to carefully consider applicants coaching positions and ultimately protect yourself by having followed the required process. If you are selected as a SRYHA coach, you WILL BE REQUIRED to complete a criminal background check. THANK YOU!

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If you have a current USA Hockey Coaching Education Program card that shows what level you are currently certified at, include a readable photocopy of BOTH sides of your card with this application. If your card copy comes out too dark to be readable, try setting the copier to a "lighter" setting.

**SEND COMPLETED APPLICATION TO:**

**Tammie Thyen 1210 9<sup>th</sup> Ave N, Sauk Rapids, MN 56379**