

Saint Francis Youth Hockey Association (SFYHA)
Saint Francis Saints
COACHING APPLICATION
2009-2010 SEASON

Personal Information:

Name:

First Middle Last Other Name(s) Used

Address:

Street

City State Zip

Home Phone _____

Business Phone _____

Cell Phone _____

Email Address _____

Date of Birth: _____
MM/DD/YYYY

Youth coaching experience:

BACKGROUND INFORMATION

Have you ever been convicted of, or pleaded guilty to, a crime (including crimes for which the record has been expunged, or to which you pleaded no contest)?

Yes _____ No _____

If yes, date of conviction or plea:

Describe

circumstances: _____

Have you ever been adjudged liable for civilian penalties or damages involving sexual abuse or physical abuse?

Yes _____ No _____ If yes, please explain:

Have you ever been subject to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to a domestic order for protection?

Yes _____ No _____ If yes, please explain:

Have your parental or guardian rights ever been terminated?

Yes _____ No _____ If yes, please explain:

Have any complaints ever been made against you either at work, or in your capacity as a volunteer, that you sexually or physically abused a minor?

Yes _____ No _____ If yes, please explain:

Do you have a history of any behavior that might make you a danger to any child/ youth/ adolescent in this hockey program?

Yes _____ No _____ If yes, please explain:

Have you ever had disciplinary actions taken/membership terminated by a youth hockey organization for violating the *USA Hockey Zero Tolerance policy* and/or any *Codes of Conduct* for that organization?

Yes _____ No _____ If yes, please explain: _____

Is there anything else in your background that you would like to share for consideration by SFYHA in your potential selection as a coach?

HOCKEY AND COACHING QUALIFICATIONS

Did you play ice hockey as a youth? Yes ___ No ___

Age bracket(s) and level(s) _____

Did you play collegiate ice hockey? Yes ___ No ___

School, year(s) and level _____

Do you play ice hockey in an adult league? Yes ___ No ___

Are you/have you been an ice hockey referee? Yes ___ No ___

Referee level(s) _____

Do you have a current USA Hockey Coaching Card? Yes ___ No ___

If yes, please provide Card No. and Expiration Date: _____

Current USA Hockey Coaching Certification Level : _____

USA Hockey CEP levels achieved:

CEP Level Year Completed

___ Initiation (1)

___ Coach (2)

___ Intermediate (3)

___ Advanced I (4)

___ Advanced II (5)

Number of years' experience coaching youth athletic team sports: _____

Numbers of years' experience as an ice hockey head coach: _____

Number of years' experience as an ice hockey assistant coach: _____

Outline your hockey coaching experience by age brackets and years coached:

What position are you seeking? _____

Would you be willing to assistant coach if need be? Yes _____ No _____

Do you have a child/children that will be trying out for travel ice hockey in the 2009- 2010 season?

Yes _____ No _____ If yes, what age level(s)? _____

REFERENCES

Please provide three references as part of an application process to ensure the safety of our players, and in accordance with USA Hockey guidelines:

NAME ADDRESS PHONE RELATIONSHIP

1. _____

2. _____

3. _____

ADDITIONAL QUALIFICATIONS, COMMENTS, REMARKS

Note: If more room is required, attach resume or additional information to the completed application form.

Applicant's Statement, Authorization and Release of Liability

I 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 SFYHA to investigate all information contained in this application. Any individuals named within are authorized to give SFYHA 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 SFYHA, I hereby waive, release and discharge SFYHA, USA Hockey, 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 a criminal background check to be done by Minnesota Hockey of which SFYHA is affiliated. I further acknowledge that I must meet the minimum coaching requirements as set forth by USA Hockey (and SFYHA, as applicable) to be considered for any coaching position with SFYHA.

Signature / Date

Please Mail or submit this completed application to:

Don Avery
19968 Rendova St. NE
East Bethel, MN 55011

Forms may also be submitted via email to: javery@cmithun.com