



## TOYIHA COACHES APPLICATION FORM 2009-10 Season

### PERSONAL INFORMATION (Please print!)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### COACHING POSITION REQUESTED

Head Coach ( ) \_\_\_\_\_ Assistant Coach ( ) \_\_\_\_\_  
House League ( ) Travel League ( ) Both ( )  
I.P. ( ) Mites ( ) Squirts ( ) Peewee ( ) Bantam ( ) Midget ( )  
Did you coach last season for TOYIHA? Yes \_\_\_ No \_\_\_  
Please list the name that you prefer to coach with? \_\_\_\_\_

### HOCKEY BACKGROUND

Have you ever played at any of the following levels?  
Any additional hockey training or education? \_\_\_\_\_  
Skating Ability: Poor \_\_\_ Average \_\_\_ Good \_\_\_ Excellent \_\_\_

Hockey USA Coaching Certification Level Obtained: (please circle) (1) (2) (3) (4)  
Card Number \_\_\_\_\_ (Please supply photo copy of card with application)

Have you ever been "suspended" and/or disciplined from any youth hockey program or game? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_

### COACHING CHARACTERISTICS: Please evaluate yourself!

(1) less skilled and/or little experience      (5) highly skilled and/or very experienced

Leadership skills:	(1)	(2)	(3)	(4)	(5)
Hockey knowledge:	(1)	(2)	(3)	(4)	(5)
Hockey skills/ ability to demonstrate	(1)	(2)	(3)	(4)	(5)
Organizational skills:	(1)	(2)	(3)	(4)	(5)
Communication skills:	(1)	(2)	(3)	(4)	(5)
Teaching skills:	(1)	(2)	(3)	(4)	(5)
Managing ice time:	(1)	(2)	(3)	(4)	(5)
Discipline of players:	(1)	(2)	(3)	(4)	(5)
Creating fun experience for kids:	(1)	(2)	(3)	(4)	(5)
Parent management:	(1)	(2)	(3)	(4)	(5)
Sportsmanship:	(1)	(2)	(3)	(4)	(5)
First Aid	(1)	(2)	(3)	(4)	(5)

Coaching Philosophy? \_\_\_\_\_

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Describe your motivation to coach house league and/or travel hockey: \_\_\_\_\_

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List some of your goals for the team for the upcoming year: \_\_\_\_\_

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If selected do you agree to attend coaches meetings and/or clinics TOYIHA provides?  
Yes \_\_\_ No \_\_\_

**Applicant's Statement**

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 are sufficient cause for my no being accepted as a volunteer or for my dismissal no matter when discovered. I also understand that it is a policy of USA Hockey to wear a helmet on the ice at all times.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coaching applications will be reviewed by the TOYIHA Coaches Selection Committee. Confirmation of acceptance will be conveyed as soon as possible.

Return this form to:  
TOYIHA  
Attn: Kurt Schmidt  
2022 W 37<sup>th</sup> St  
Kearney, NE 68845