HOUSE Coaching Application 2008-2009

IMPORTANT NOTE:

Submitting this application does not guarantee your acceptance as a Coach for the 2008-2009 season. This Form is for the exclusive use of the SAYHA Coaching Committee to begin the evaluation process and make subsequent recommendations to the Board of Directors.

DATE OF BIRTH: _____/_____/_____

LAST NAME _____ **FULL LEGAL FIRST NAME** _____

HOME ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

MAILING ADDRESS – if different from home _____ **CITY** _____ **ST** _____ **ZIP** _____

HOME PHONE (_____)_____ **WORK PHONE** (_____)_____ **CELL PHONE** (_____)_____

EMAIL ADDRESS _____

Have you completed a PNAHA Axiom Background check? ☐ **YES** ☐ **NO** **If YES, est. date of check** _____/_____/_____

Do you know who your Assistant Coach will be? ☐ **YES** ☐ **NO** **If YES, please list here:** _____

COACHING EXPERIENCE

Level	Association	City, State	Year

Please check box if you have a valid USA Coaches card ☐ Level _____ Card #_____

Please check which division you wish to coach:

☐ Jr Mite ☐ Sr Mite ☐ Squirt ☐ PeeWee ☐ Bantam ☐ Midget

OTHER VOLUNTEER EXPERIENCE – use back if necessary

Description of Activity / Position _____

REFERENCES – use back if necessary

	First & last name	Address	Phone
1.			
2.			

I understand that the information I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the charted organization, USA Hockey, PNAHA and the officers, board members, employee and volunteers thereof. In signing this application, I affirm that the information I have given is true and correct.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICIAL USE ONLY: Approvals: We are unaware of any information contrary to the information stated on this application.

INTERVIEWER'S SIGNATURE _____ **DATE** _____

COACHING DIRECTOR'S SIGNATURE _____ **DATE** _____