

NANTUCKET YOUTH HOCKEY

Coaching Application Form

All Information Will Be Confidential

Name: _____ Social Security # _____

Mailing Address:

Home Address :(If different):

Driver's License:

Phone/Contact Info:

Day

Evening

Cell

Email:

Fax:

Current Employer:

Employer Address:

1. Please tell us about your skills and interest:

Previous Coaching Experience (any sport):

Hockey Experience:

2. With which age group(s) do you prefer to work with?

___ Instructional

___ Mite (8&under)

___ Squirt (9-10)

___ Pee wee (11-12)

___ Bantam (13-14)

___ Junior Whalers

3. Have you received USA Hockey Education Program Certification? ___yes ___no

If "Yes", Please list the dates of your Certification:

_____ Level 1 (Initiation)

_____ Level 3 (Intermediate)

_____ Level 2 (Associate)

_____ Level 4 (Advanced)

4. What type of coaching position(s) do you prefer?

____ Head Coach

Other:

____ Assistant Coach

5. Briefly explain why you would like to be a coach.

6. References

Please list 2 people who have known you for at least 2 years. They should be familiar with your character as it relates to working with young people. Please do not include family members. All responses will be held confidential.

Name

Mailing Address

Phone #

(1)

(2)

Nantucket Youth Hockey has a responsibility to provide a safe and healthy environment for all youth players. All applicants will be subject to a background check and will submit a CORE form for approval to the program after a review of the Coaching Selection Committee.

I certify that the information supplied on this application is the truth. I have read and understand the all of the above.

Signature:

Date:

Please leave completed applications in the main office with Lynn or Bobby or mail to:

Kenny Norton
P.O. Box 3317
Nantucket, MA 02584