



Dover Youth Hockey Association

Head Coaching Application

2018-2019



Please complete the form below, and return completed form to: dyhaopsdirector@doverhockey.org

APPLICATION DUE DATE: FEB. 9 2018.

Name: _____ Phone: _____

Email: _____

What position are you applying for (see list @doverhockey.org)? _____

Do you have a child in the program? _____ Which 2017-18 team did they play for? _____

Have you coached youth hockey before? _____

- Team(s) _____

- Year(s) _____

USA Hockey Certification Level _____ Age Specific Modules Completed _____

Briefly describe your playing experience...

Briefly describe your coaching philosophy...

Also, note that by submitting this application, you agree to the following:

1. You consent to the disclosure of this information
2. You acknowledge the authority of USA Hockey, NHAHA and the Dover Youth Hockey Association and agree to carry out and abide by their constitution, bylaws, rules and regulations.
3. You agree to familiarize yourself with the USA Hockey Coaching Certification Program requirements and ensure that you will maintain the required level of certification if selected as a coach for DYHA
4. You are willing to submit a required background check if selected as a coach for DYHA.