

GRAND TRAVERSE HOCKEY ASSOCIATION  
**COACHING APPLICATION**  
**2018/19 Season**

Background Checks/Safe Sport must be completed before September 1<sup>st</sup>, 2018.

Please complete Coaching Application  
and send to the GTHA office gtha@tchockey.com

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
DAY EVENING CELL

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TEAM/LEVEL COACHED 2017-18 \_\_\_\_\_

I am applying to coach (please check all that apply):

- |                   |                                    |                                     |                                      |  |                                     |                                     |                                     |
|-------------------|------------------------------------|-------------------------------------|--------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Mini Mite:</b> | <input type="checkbox"/> Mite IP   | <input type="checkbox"/> Mite U6    | <input type="checkbox"/> Instructor  | <input type="checkbox"/> On-Ice Helper |                                     |                                     |                                     |
| <b>Mite:</b>      | <input type="checkbox"/> Mite U8   | <input type="checkbox"/> Mite U8    | <input type="checkbox"/> Head Coach  | <input type="checkbox"/> Asst Coach    |                                     |                                     |                                     |
| <b>Squirt:</b>    | <input type="checkbox"/> B (House) | <input type="checkbox"/> A (Travel) | <input type="checkbox"/> AA (Travel) | <input type="checkbox"/> Head Coach    | <input type="checkbox"/> Asst Coach |                                     |                                     |
| <b>Pee Wee:</b>   | <input type="checkbox"/> B (House) | <input type="checkbox"/> A (Travel) | <input type="checkbox"/> AA (Travel) | <input type="checkbox"/> Head Coach    | <input type="checkbox"/> Asst Coach |                                     |                                     |
| <b>Bantam:</b>    | <input type="checkbox"/> B (House) | <input type="checkbox"/> A (Travel) | <input type="checkbox"/> AA (Travel) | <input type="checkbox"/> Head Coach    | <input type="checkbox"/> Asst Coach |                                     |                                     |
| <b>Midget:</b>    | <input type="checkbox"/> B (House) | <input type="checkbox"/> A (Travel) | <input type="checkbox"/> AA (Travel) | <input type="checkbox"/> Head Coach    | <input type="checkbox"/> Asst Coach |                                     |                                     |
| <b>Girls:</b>     | <input type="checkbox"/> U10       | <input type="checkbox"/> U12        | <input type="checkbox"/> U14         | <input type="checkbox"/> U16           | <input type="checkbox"/> U19        | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach |

USA Hockey Coaching Education Program certification level: \_\_\_\_\_

You must hold current certification or be eligible for current certification to coach.

If you are unsure of the requirements please review them on-line at:

[www.maha.org](http://www.maha.org)

Please see other side

GRAND TRAVERSE HOCKEY ASSOCIATION  
**YOU MUST COMPLETE ALL LINES BELOW TO BE CONSIDERED.**

Previous coaching experience:

Previous playing experience:

Please list two references:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Briefly Describe Your Coaching Philosophy and Approach:

Concerns regarding coaching:

How do you view the role of the coach?

What unique strengths do you bring to the program?

In what areas can GTHA offer you more assistance to make coaching easier?

**Anyone with youth contact is required to sign and comply with the USA Hockey Coaches Code of Conduct and complete the MAHA Background Check form and Ethics Statement prior to start of the Season.  
If you have any question regarding the selection process please call the GTHA Office at 231-933-4842.**

*Please see other side*