



COACHING APPLICATION

Position: _____

Name: _____

Street Address: _____

State: _____

Zip: _____

Phone: _____

E-Mail Address: _____

Date of Birth: _____

Social Security Number: _____

USA Hockey Coaching Number: _____

Current certification level: ____ **Level (1)** ____ **Level (2)** ____ **Level (3)** ____ **Level (4)**

Completed USA Hockey Age Specific Modules: _____

Provide a detailed explanation of your coaching experience, i.e. location, division, level and number of years coached.

What is your availability to coach, i.e. games, practices, tournaments, evenings, weekends and availability to travel?

Explain what your expectations are of players, parents, and supporting coaching staff, i.e. attendance, conduct, dedication.

What aspects do you consider important in coaching minor hockey?

Identify any additional training you may have received, such as first aid, CPR, etc. Other credentials or volunteer interests:

By your signature you are acknowledging & authorizing the MSHA/South Dakota Amateur Hockey Association to complete a Criminal background check in accordance with USA Hockey Rules & Regulations along with adherence to the MHSA Codes of conduct, in addition to USA Hockey coaching code of conduct.

Signature: _____

Signature Date: