



Coppell Hockey Board Member Application

Coppell Hockey thanks you for your interest in becoming a board member. Coppell Hockey is committed to providing great leaders. This board member application is designed to collect information on applicants for the upcoming season as well as use this information to provide background checks to ensure the safety of our players.

Contact Information:

First Name: _____ Last Name: _____

| Home | Mobile | Email |
|------|--------|-------|
| | | |

Street Address: _____

City: _____ State: _____ Zip: _____

General Information:

Do you have a child registered with Coppell Hockey? Yes (___) No (___)

If Yes, what grade will your player be entering at the start of the 2023-2024 Season: _____

Do you have any special talents that Coppell Hockey could benefit from? Yes (___) No (___)

If YES, please explain:

Why are you interested in becoming a Coppell Hockey Board Member?

Volunteer Experience:

| Organization | Year(s) | City/State | Position(s) Held |
|--------------|---------|------------|------------------|
| | | | |
| | | | |

How will your Professional/Volunteer experience and/or education benefit Coppell Hockey?

Background Information:

Have you ever been convicted of a felony? Yes (___) No (___)

If YES, when and which state? _____

Is there any fact or circumstance involving your background that would call into question your being trusted with the supervision, guidance and care of young people? Yes (___) No (___)

If YES, please explain:

Commitments:

The Coppell Hockey Board Association is a voluntary position but requires a commitment from ALL members. As a Board, we conduct monthly meetings, some circumstances will allow for Zoom/Remote attendance. Are you able to commit to attendance of these meeting? Yes (___) No (___)

Coppell Hockey encourages the participation of Board Members to partake in duties outside of monthly meeting. This includes, but not limited to: Fundraising, Parade Participation, Community Activities and Player Social Events.

Are you able to commit to the participation of extra-circular duties? Yes (___) No (___)

If you have a player currently on the Coppell Hockey Roster, as of the date of this application, are you in Good Standing with Coppell Hockey (are you current on financial obligations)? Yes (___) No (___)

If NO, please explain:

CLUB MISSION:

The Coppell High School Hockey Association aspires to become the highest quality high school hockey program, as recognized by USA Hockey. This will occur only through personal commitment by all participants, to include all players, parents, coaches, volunteers and Board members.

The Club exists first and foremost for the players, in order that we may provide students in the Coppell Independent School District the opportunity to represent the community of Coppell while competing in and enjoying the sport of ice hockey at a competitive level through organized practices, games, tournaments, and scheduled team events. In order to accomplish this objective, all CHSHA players must hold in highest regard the values of teamwork, sportsmanship, competition, and community.

As has been its tradition, the Coppell High School Hockey Association will endeavor to compete at the highest levels, though do so within the morals of discipline, respect, and dignity. It is expected that all players and members will strive to create an environment where winning can occur through discipline, hard work, self-sacrifice and accountability. While the coaches will work with the players to improve individual skills, there will be a greater emphasis placed on the team as a whole, both on and off the ice. If the organization is successful with the above, winning on the ice will be the natural result culminating from these endeavors.

The Coppell High School Hockey Association exists secondarily for the parents of these players. As a club sport, it is recognized that parents cover the majority of participation costs for their players. These parents are entitled to receive adequate value in return for such expenses. This value should be measured in terms of overall club success; not only measured by the win and loss column, but also in the maturity and emotional growth and life experiences achieved by the players.

I have read and acknowledge the Coppell Hockey Mission: _____
(signature)

References: (List three non-relatives for personal & character references)

| Name | Phone | Relationship | Years Known |
|------|-------|--------------|-------------|
| | | | |
| | | | |
| | | | |

I understand that the submission of this application does not guarantee a position or interview with the Coppell Hockey Board of Directors. Furthermore, I attest that information provided above is correct and any act of perjury justifies dismissal.

Signature

Date

Please return this completed application
to: Adam King - President
coppellhshockey@gmail.com

****DISCLAIMER: All information provided herein and obtained as a process of the Coppell Hockey Board will be used solely for Coppell Hockey and will not be shared or sold****