



SWS
SOMERSET WATUPPA SWANSEA
REGIONAL YOUTH HOCKEY

2020-2021 Coaching Application

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (circle) home cell Alt phone: _____ (circle) home cell

Email: _____

1.) Are you new to the SWS Organization for the 2020-2021 season? Yes No

2.) Did you coach in the SWS Organization for the 2019-2020 season? Yes No At what level:

_____ 3.) Did you have children in the SWS organization for the 2019-2020 season? Yes No

At what level(s): 1.) _____ 2.) _____ 3.) _____

4.) Do you have previous hockey coaching experience? Yes No

If yes, which program? _____ What Level? _____ When? _____

5.) Would you like to be considered as a Head Coach or Assistant Coach? _____

At what level: Mite Squirt Peewee Bantam Midget

6.) Are you currently registered with USA Hockey? Yes No

If yes, Reg # _____ Expiration: _____

7.) Have you completed a USA Hockey Certification or any of the Age Specific Modules, or SafeSport Cert?

Certification Level: _____ Year completed/expiration: _____

Module(s) Completed: Mite Squirt Peewee Bantam Midget Additional section specific to Female athletes

8.) Do you agree to complete the appropriate USA Hockey On-Line Age Specific Module (fee), USA Hockey On-Line Safe Sport Training (no fee) and the appropriate Coaching Education Program (CEP) Level clinic at your choice of location (fee) by October 1st (or provide proof of enrollment)? Yes No

9.) Do you agree to sign and adhere to the SWS Coaching Agreement? Yes No

**Recommendation by 2 Current SWS Members in Good Standing (from your division if you coached in 2018-2019):

1.) _____ 2.) _____

Additional Comments can be submitted on the reverse:

Signature: _____ Date: _____

The Somerset Youth Hockey Program and its member programs will not authorize in any of its programs that it directly controls any volunteer or employee who has routine access to children (anyone under the age of majority), who refuses to consent to be screened by Somerset Youth Hockey Program or its member programs prior to being issued acceptance/approval for routine access to the children who take part in Somerset Youth Hockey Program or its members' programs.

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer of Somerset Youth Hockey Program and its member programs, if among other things, the person has:

Been convicted (including crimes the record of which has been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, or controlled substance crimes;

Been adjudged liable for civil penalties or damage involving sexual or physical abuse of children;

Been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order or protection;

Had their parental rights terminated;

Has history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;

Resigned, been terminated or been asked to resign from a position, whether paid or un-paid, due to a complaint(s) of sexual or physical abuse of minors;

Has a history of other behavior that indicates they may be a danger to children in MA or RI Hockey Conference and/or its members' programs;

Do any of the above apply to you? YES _____ NO _____

If YES, please describe :

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered.

I authorize Somerset Youth Hockey Program and/or its member programs to investigate all information contained in this application, including, but not limited to a criminal records investigation. The employers, organizations, and individuals name are authorized to give you any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they have about me.

In consideration of the evaluation of this application, by Somerset Youth Hockey Program and/or its member programs.

I HEREBY WAIVE, RELEASE AND DISCHARGE SWS Youth Hockey Program, Massachusetts Hockey, all its member programs, all employees, organizations and individuals, and any other persons or entities from Liability for damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature: _____ Date: _____

COACH APPLICATION & DISCLOSURE STATEMENT