

2020-2021 NMYHA COACHING APPLICATION

All individuals wishing to coach for NMYHA during the 2020-21 hockey season must complete this application. All applications will be reviewed by the appropriate Level Coordinator, the Hockey Operations Director and by the Hockey Operations Board. No applicant may participate in any coaching capacity until Hockey Operations has given approval and assignment to a team.

Name: _____

Address: _____ City: _____ Zip Code: _____

Email address: _____

Home Phone: _____ Cell or work phone: _____

All coaches are required to have a current USA Hockey coaching certificate (CEP Card) and must complete the Age-Specific Module and SafeSport training by the USA Hockey due date.

Coaching Certification Card # _____ Last year of certification _____

Desired Position: Head Coach _____ Assistant Coach _____ Either: _____

Indicate what level of team you're looking to coach (i.e. Squirts, Mites, Bantams) _____

Do you have a child that might play at this level? (Yes/No) _____

Please complete the following questions:

1) Why do you want to coach hockey?

2) Using an A,B,C rating scale, where A=expert; B=moderate; C=beginner, please rate your:

a) Knowledge of hockey? _____ b) Fairness? _____ c) Consistency? _____ d) Passion? _____

3) Using an A,B,C rating scale, where A=expert; B=moderate; C=beginner, please rate your ability to:

a) Develop Player skills _____ b) Foster passion in players _____ c) Teach life lessons through hockey _____

4) Describe your philosophy on team discipline:

5) Describe your philosophy on playing time:

6) List your coaching strengths:

7) List your coaching weaknesses:

8) List your past coaching experiences:

Thank You!

Please return to:

Hockey Operations Director
Attn: Coach Selection Committee
9920 Chestnut Ave N
Brooklyn Park, MN 55443

Please contact Dustin Stenglein (612-670-3644 or e-mail nmhockeyops@NMYHA.com with any questions

Applicant signature _____ Date _____

For Official NMYHA completion only:

Date application was received _____ Ops director review _____

Date of interview _____ Level liaison review _____

Executive Board Action _____ Date _____