



**PERSONAL INFORMATION**

Name \_\_\_\_\_

First Middle Last Other Name(s) Used \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip \_\_\_\_\_

Years at this address \_\_\_\_\_

State(s) of Residence for Past Ten Years \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License No. \_\_\_\_\_

MM/DD/YYYY

State \_\_\_\_\_

Current Employer and Position \_\_\_\_\_

Company Name Position \_\_\_\_\_

Business Address \_\_\_\_\_

Street City State Zip \_\_\_\_\_

Manager's Name \_\_\_\_\_ Years with this Company \_\_\_\_\_

Percentage of required business travel in your job \_\_\_\_\_

Volunteer, community, charitable and/or other unpaid experience  
(Name of organization(s), address, phone, and role/services providing/provided)

**HOCKEY AND COACHING QUALIFICATIONS**

Did you play ice hockey as a youth? YES NO

Age bracket(s) and level(s) \_\_\_\_\_

Did you play collegiate ice hockey? YES NO

Name of School, Level and Yrs \_\_\_\_\_

Do you play ice hockey in an adult league? YES NO

Are you/have you been an ice hockey referee? YES NO

If YES provide Number and Level \_\_\_\_\_

Do you have a current USA Hockey Coaching Card? YES (CEP Card Number) NO

If YES please provide CEP Card Number \_\_\_\_\_

Current USA Hockey Coaching Certification Level (CEP LEVEL) Initiation (Level 1) Associate(Level 2)

Intermediate(Level 3) or Workshop Advanced (Level 4) Master (Level 5)

List any other courses or seminars that you have completed which you believe have contributed to your knowledge of hockey and/or coaching

Course/Seminar Name Instructor Date Completed Location

Number of years' experience coaching youth athletic team sports \_\_\_\_\_

Numbers of years' experience as an ice hockey head coach \_\_\_\_\_



Number of years' experience as an ice hockey assistant coach \_\_\_\_\_

Provide the following information for each season you coached an ice hockey team, beginning with the most recent (continue on separate page and attach, if needed)

Year Team Name & Location (city, state)  
Club/League Coaching Position  
House or Travel  
Tier I or Tier II Division (AAA, AA, A, B, C or Developmental)

**POSITION YOU ARE REQUESTING**

Provide the Age Bracket(s)/Level(s) you are willing to coach (check all that apply)

Pre-Mite      MITE      SQUIRT      PEEWEE      BANTAM  
MIDGET U16    MIDGET U18    GIRLS-U12    GIRLS-U14

Provide your top 3 choices and desired role(s), starting with the one of greatest interest  
ORDER Age Bracket Head Coach (Y/N) Asst Coach (Y/N) Either (Y/N)

1st  
2nd  
3rd

Do you have a child / children who will be trying out for travel ice hockey in the 2009-10 season?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what age bracket(s)? \_\_\_\_\_

**REFERENCES**

Please provide three references as part of an applicant screening process to ensure the safety of our players, and in accordance with USA Hockey guidelines.

Name Address Phone Number of years known

**ADDITIONAL QUALIFICATIONS, COMMENTS, REMARKS**

Note: If more room is required, attach resume or additional information to the completed application form.

**Applicant's Statement, Authorization and Release of Liability**

I hereby 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 will be sufficient cause for my not being accepted as a coach, or for my dismissal no matter when discovered.

I authorize DELCO PHANTOMS to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give DELCO PHANTOMS any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they may have about me. In consideration of the evaluation of this application by DELCO PHANTOMS, I hereby waive, release and discharge DELCO PHANTOMS, USA Hockey, the DVHL, all employers, organizations, and individuals, and any other persons or entities from liability for all 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.



Delco Phantoms Youth Hockey Club -- COACHING APPLICATION

I acknowledge that I am subject to a criminal background check to be done by the USA Hockey, the Atlantic Amateur Hockey Association and the Delaware Valley Hockey League which DELCO PHANTOMS are affiliated. I further acknowledge that I must meet the minimum coaching requirements as set forth by USA Hockey (and DVHL and DELCO PHANTOMS, as applicable) to be considered for any coaching position with DELCO PHANTOMS.

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Signature \_\_\_\_\_  
Date \_\_\_\_\_

Submit this completed application to the Delco Phantoms Ice Hockey Club by placing it in the team mailbox at IceWorks or E-mail it to [yp@delcophantoms.org](mailto:yp@delcophantoms.org) and [ace@delcophantoms.org](mailto:ace@delcophantoms.org) .