



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



Delco Phantoms Youth Hockey Club -- COACHING APPLICATION

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.

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.

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 vp@delcophantoms.org and ace@delcophantoms.org .