



**Howard County Youth Hockey Club (HCYHC)
HOWARD HUSKIES
COACHING APPLICATION
2007-2008 SEASON**

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: _____ Social Security No. _____
MM/DD/YYYY

Drivers License No. _____ 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)

BACKGROUND INFORMATION

Have you ever been convicted of, or pleaded guilty to, a crime (including crimes for which the record has been expunged, or to which you pleaded no contest)? Yes _____ No _____

If yes, date of conviction or plea _____

State or County (if Maryland) _____

Describe circumstances _____

Have you ever been adjudged liable for civilian penalties or damages involving sexual abuse or physical abuse? Yes _____ No _____ If yes, please explain _____

Have you ever been subject to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to a domestic order for protection? Yes _____ No _____

If yes, please explain _____

Have your parental or guardian rights ever been terminated? Yes _____ No _____

If yes, please explain _____

Have any complaints ever been made against you either at work, or in your capacity as a volunteer, that you sexually or physically abused a minor? Yes _____ No _____

If yes, please explain _____

Do you have a history of any behavior that might make you a danger to any child/youth/adolescent in this hockey program? Yes _____ No _____

If yes, please explain _____

Have you ever had disciplinary actions taken/membership terminated by a youth hockey organization for violating the USA Hockey Zero Tolerance policy and/or any Codes of Conduct for that organization? Yes _____ No _____ If yes, please explain _____

Is there anything else in your background that you would like to share for consideration by the HCYHC in your potential selection as a coach? _____

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 _____
 School, year(s) and level _____

Do you play ice hockey in an adult league? Yes _____ No _____

Are you/have you been an ice hockey referee? Yes _____ No _____
 Referee level(s) _____

Do you have a current USA Hockey Coaching Card? Yes _____ No _____
 If yes, please provide Card No. and Expiration Date _____

Current USA Hockey Coaching Certification Level _____

USA Hockey CEP levels achieved:

CEP Level	Year Completed
Initiation (1)	
Coach (2)	
Intermediate (3)	
Advanced I (4)	
Advanced II (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	Age Bracket & Level (AA, A, B, REC)

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

Age Bracket \ Level	Major AA	Mixed AA	Minor AA	Major A	Mixed A	Minor A	Major B	Mixed B	Minor B	Rec/House
	Atom									
Mite										
Squirt										
PeeWee										
Bantam										
Midget U16										
Midget U18										

Provide your top five choices and desired role(s), starting with the one of greatest interest

Order of Interest	Age Bracket	Level	Head Coach (Y/N)	Assistant Coach (Y/N)	Either (Y/N)
1st					
2nd					
3rd					
4th					
5 th					

Do you have a child / children who will be trying out for travel ice hockey in the 2007-08 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	Relationship

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 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 HCYHC to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give HCYHC 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 HCYHC, I hereby waive, release and discharge HCYHC, USA Hockey, 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 Potomac Valley Hockey Association (PVAHA) with which HCYHC is affiliated. I further acknowledge that I must meet the minimum coaching requirements as set forth by USA Hockey (and HCYHC, as applicable) to be considered for any coaching position with HCYHC.

Signature

Date

Submit this completed application to:

Howard County Youth Hockey Club
C/O Bob Masiulis
5396 Dunteachin Drive
Ellicott City, MD 21043

Or it may be dropped, addressed per the above, in the HCYHC mailbox located in the Pro Shop located within the Columbia Ice Rink or FAX it to 443-583-0330 or E-mail it to BMasiulis@HowardHuskies.org.

Applicant
Name: