



Season
2017-18

Casper Amateur Hockey Club Coaching Application

To be completed by anyone desiring to coach a Casper Amateur Hockey Club Team in any capacity.

LAST NAME FIRST NAME BIRTH DATE

STREET ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE WORK PHONE EMAIL

Check preferred means of contact above

Please indicate the Age Division(s) and Coaching Position in which you are interested:

6U 8U 10U 12U 14U 19U Girls High School/16U/18U Skills

Do you want to be considered for a Head Coaching position? Yes Assistant Only

If not selected for a Head-Coaching role, will you still be willing to participate as an Assistant? Yes No

Are you willing to travel with your team in-state or out-of-state? Yes No

Any additional information about coaching you would like for the CAHC Coaching Committee to consider:

Coaching Credentials:

USA Hockey CEP number: _____ Expiration: _____

Please indicate highest USA Hockey Coaching Level achieved:

- New Coach Level 3 Level 4
- Level 1 Level 3 - Track 1 (Online) Level 5
- Level 2 Level 3 - Track 2 (Online)

Online Coaching Age-Specific Training Module(s) completed: *(Please check all that apply)*

- 8U 10U 12U
- 14U 19U Girls High School/16U/18U

Date of last:

WAHA Background check: _____ USAH SafeSport training: _____

Please list other Coaching Clinic/Courses attended (Do Not list Certification Clinics):

COURSE/CLINIC DATE

COURSE/CLINIC DATE

COURSE/CLINIC DATE

Please list most recent coaching position(s) held:

HOCKEY CLUB	LEVEL	SEASON	POSITION (HEAD, ASST, ETC)
HOCKEY CLUB	LEVEL	SEASON	POSITION (HEAD, ASST, ETC)
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Please list any other pertinent coaching experience (other sports clubs, Junior/Collegiate playing experience, etc.)

CLUB/PROGRAM	LEVEL	SEASON	POSITION (HEAD, ASST, PLAYER)
CLUB/PROGRAM	LEVEL	SEASON	POSITION (HEAD, ASST, PLAYER)
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Please list three references:

NAME	POSITION	PHONE NUMBER
NAME	POSITION	PHONE NUMBER
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Please answer the following questions:

Have you ever been convicted or sentenced for a violation of any law other than a minor traffic offense?
 Yes No

Have you ever been suspended by any hockey or sports organization (including USA Hockey or any rink facility)?
 Yes No

If "YES" to either question, please explain in space provided below or attach separate sheet of paper:

By completing this application and signing below:

- *I confirm that the information provided is correct to the best of my knowledge.
- *I hereby consent to the Casper Amateur Hockey Club undertaking a background check.
- *I agree to follow the Club's policies, procedures, and philosophies. I also understand that failure to do so and/or failure to abide by the Club's Code of Conduct could result in suspension, expulsion, or other actions as deemed appropriate by the Coaches Committee and Board of Directors of the Casper Amateur Hockey Club.
- *I agree to complete all necessary USAH, WAHA, and CAHC requirements to be a certified coach for CAHC.

SIGNATURE OF APPLICANT

DATE

Please return this completed application to the CAHC Coaching Coordinators by mail (P.O. Box 2562, Casper, WY 82602), by email (see Contacts page at www.casperhockey.com), or put into the CAHC box in the lobby at the Casper Ice Arena.