



Midstate Youth Hockey Association 2018-19 Coaching Application



Coaching selections are subject to Midstate Youth Hockey House Committee approval, and applicants may be subject to an interview.

**Please mail the application to: MYHA – Midstate House Or Email to Ben DeLuca ben5119@hotmail.com
c/o Cicero Twin Rinks
5575 Meltzer Court
Cicero, NY 13039**

Name (Last, First MI): _____ Date of Birth: _____

Email Address: _____ Cell Phone: _____

Current Address: _____ Zip _____ Home Phone: _____

1. CEP Card Number _____ Level _____ Expiration Date _____

No one will be permitted to coach, assist or be on the ice unless certified by USA Hockey at the appropriate level for which they wish to coach. **Helmets are mandatory for all coaches and must be properly worn at all times when on the ice.**

Previous Coaching Experience: _____

2. Do you have training in any of the following? Medical ___ CPR ___ First Aid ___ Date of Training(s):
_____ Name of Course _____

3. Which position(s) are you interested in? Head Coach ___ Assistant ___ Either ___

4. Which level are you interested in coaching? If you are willing to be considered at more than one level, please list your 1st and 2nd choices. Check ONE : HOUSE _____ SELECT _____

Initiation _____ Program	Mite _____ Squirt _____	PeeWee _____ Bantam _____	
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5. Have you ever been convicted of or plead guilty to a crime? If yes, provide date and Yes ___ No ___
circumstances on separate sheet of paper.

6. Have you even been held liable for civil penalties or damages involving sexual or Yes ___ No ___
physical abuse? If yes, please explain below.

7. Have you ever been subject to any court order involving any sexual or physical Yes ___ No ___
abuse of a minor, including but not limited to a domestic order of protection?
If yes, please explain below.

8. Have any complaints ever been made against you either at work or in your capacity Yes ___ No ___
a volunteer that you emotionally, sexually or physically abused a minor?
If yes, please explain below.

9. Do you have a history of any behavior that might make you a danger to any children, Yes ___ No ___
youth or adolescents in this program? If yes, please explain below.

10. Have you ever been denied a volunteer coaching position in the past? Yes ___ No ___
If yes, please explain below.



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11. Why do you want to coach at Midstate Youth Hockey?

12. Explanation to questions listed above, or any additional information you would like to provide.

13. References. Provide three (3), only one may be a relative.

1. _____	_____	_____
<i>(name)</i>	<i>(phone)</i>	<i>(email address)</i>
2. _____	_____	_____
<i>(name)</i>	<i>(phone)</i>	<i>(email address)</i>
3. _____	_____	_____
<i>(name)</i>	<i>(phone)</i>	<i>(email address)</i>

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, are sufficient cause for my not being accepted as a volunteer or for my dismissal no matter when discovered.

I authorize Midstate Youth Hockey Association to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give you any and all information regarding my employment, volunteer work, character, fitness and qualifications (including opinions) that they may have about me.

In consideration of the evaluation of this application by Midstate Youth Hockey Association, I HEREBY WAIVE, RELEASE AND DISCHARGE Midstate Youth Hockey Association, 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 authorization.

The submission of a coach’s application does not guarantee a coaching position for the season. The number of coaches required, experience and references will all be considered when appointing coaches. The Association reserves the right to place coaches in positions where they are most critically needed.

Signature *Date*

Before you mail, please make sure you have:

- 1- Application Completed in Full (Due March 1)
- 2- Copy of Safe Sport Certificate (Recertification every 2 years)
- 3- USA Hockey Registration Confirmation (Bar Code) – Will need to renew after August 2018
- 4- Copy of your Email from Background Screen (Rescreen Every 2 years is Required)
- 5- Proof of Completion of appropriate coaching modules (Due by Dec 31, 2018)
- 6- Valid Leveled Coaching Card (8U and under can be expired – but level 1 must be completed)

****You will not be able to be considered for a coaching position until all information is provided. Thank you for your interest in coaching youth hockey.**