



NORTH ANDOVER YOUTH HOCKEY

Application for Coaching

Last Name: _____ First Name: _____

Address: _____

Telephone (Home): _____ (Cell): _____

Position Applying for (Head Coach, Assistant Coach, Team Manager): _____

Desired Level for the position you are applying: (Squirt 1, PeeWee 2, etc.) _____

Years playing hockey _____ Years coaching hockey: _____

What other sports have you had experience coaching: _____

How many years: _____ Email Address: _____

Coaching Certification Level

This section is required to be filled in completely, if you have completed any level of the USA Hockey Coaching Education Program (CEP).

Level of Certification:	Level I-Initiation	<input type="checkbox"/>	Level II-Associate	<input type="checkbox"/>
	Level III-Intermediate	<input type="checkbox"/>	Level IV-Advanced	<input type="checkbox"/>

CEP Number: _____

Year certification level was completed (ex. '04-'05): _____

The Coaching Education requirement must be completed by December 31,2013 of the current season. This is a Massachusetts and USA Hockey Requirement. If not completed in the current season you may be removed as a coach.

Please state below, in a clear and concise manner, why you would like to be selected as a coach while addressing the following questions:

1. What is your coaching philosophy?
2. What is your philosophy on player and skill development?
3. Do you develop a practice plan prior to a practice and how do you develop it?
4. How will you incorporate your previous coaching experience to help improve the way you coach in future seasons?

Signature: _____ Date: _____

(Use the back of this application or attach additional sheets if necessary)