



AUBURN ICE HAWKS
2018-2019
COACHING APPLICATION

Application deadline is June 30, 2018

Mail completed applications to:

Mike Jones
12 Cayuga St.
Auburn, NY 13021

Or email to:

maslil06@gmail.com

Name CELL PHONE
Address HOME PHONE
City State Zip Code E-MAIL
DATE OF BIRTH GENDER

USA HOCKEY CERTIFICATION (CEP) LEVEL DO YOU HAVE CURRENT NYSAHA SCREENING?

USA AGE SPECIFIC MODULE(S) YOU HAVE TAKEN:

DESIRED DIVISION TO COACH DESIRED POSITION

DESIRED LEVEL

DO YOU HAVE A CHILD IN THE PROGRAM? IF "YES" WHAT LEVEL(S)?

HAVE YOU EVER COACHED IN OUR ORGANIZATION BEFORE? Check if you have CPR Check if you have AED

IF "YES" WHAT LEVEL(S)

HIGHEST LEVEL YOU HAVE COACHED ANY SPORT

HAVE YOU COACHED FOR OTHER YOUTH SPORT ORGANIZATIONS?

IF "YES", WHAT ORGANIZATIONS

Describe your playing experience

Why do you want to coach?

I understand that I am solely responsible for all financial fees associated with obtaining the required coaching certifications. Also, that all USA Hockey, NYSAHA, and AHC requirements to include Background Screening, Age Specific Modules and Coaching Education Program (CEP) will be completed. I understand that a coaching position requires a great deal of time and commitment and I will make every effort to provide a quality hockey experience for all involved.

I understand that the AHC will be conforming to the USA Hockey American Development Method (ADM) Program and that all AHC coaches are expected to familiarize themselves with, and adhere to all requirements of this program. I certify that to the best of my knowledge the information provided above is true and complete. I understand that my volunteer service can be modified or terminated at any time with or without notice or cause at the option of the AHC Board of Directors.

Name Signature Date