

## Huron Hockey Association / Coaches Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Which level of HHA would you be interested in coaching at? Please indicate what preference you would have with 1 being the most preferred:**

Mini Mite Head coach (volunteer) \_\_\_\_\_ Assistant coach (volunteer) \_\_\_\_\_ Mite Head coach (volunteer) \_\_\_\_\_  
Assistant coach (volunteer) \_\_\_\_\_ Squirt Head coach (volunteer) \_\_\_\_\_ Assistant coach (volunteer) \_\_\_\_\_  
Pee Wee Head coach (paid) \_\_\_\_\_ Assistant coach (paid) \_\_\_\_\_ Bantam Head coach (paid) \_\_\_\_\_ Assistant  
coach (paid) \_\_\_\_\_ Girls U-14 Head coach (paid) \_\_\_\_\_ Assistant coach (paid) \_\_\_\_\_ Girls U-19 Head coach  
(paid) \_\_\_\_\_ Assistant coach (paid) \_\_\_\_\_ JV-Boys Head coach (paid) \_\_\_\_\_ Assistant coach (paid) \_\_\_\_\_  
Varsity-Boys Head coach (paid) \_\_\_\_\_ Assistant coach (paid) \_\_\_\_\_

**Please complete the next 2 if you did not coach for Huron Hockey last year.**

Please list your previous Hockey COACHING EXPERIENCE: Attach Resume if available

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list your previous Hockey PLAYING Experience/Achievements:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**References:** (Everyone needs to complete) List two (2) non-relatives who are familiar with your qualifications and ability Name Relationship Years Known Phone # (if available)

1. \_\_\_\_\_
2. \_\_\_\_\_

Have you ever been convicted of a felony? Yes or No (please circle one) If yes, please brief an explanation

**USA Hockey requires annual background checks. Will you submit to this check?** Yes or No (Circle one) (If no, you will not be able to coach under USA Hockey Rules & Regulations)

**HHA has a Volunteer Drug testing program. Would you be willing to be tested if asked?** Yes or No (Circle One)

I certify that all answers and statements I have made on this application and resume or other supplementary materials are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or immediate discharge if I am contracted. I authorize any of the persons or organizations named in this application to give you complete information and records regarding employment, education, character or qualifications.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail application to: HHA - P.O. Box 770 - Huron, SD 57350

OR

Submit to [redandblackhockey@gmail.com](mailto:redandblackhockey@gmail.com)

C/O HHA Coaching Coordinator