



COEUR D'ALENE HOCKEY ASSOCIATION
COACHING APPLICATION FORM

PERSONAL INFORMATION

Name: _____

Address: _____

Email address: _____

Telephone: (H) _____ (W) _____ (C) _____

Date of Birth: _____

Employer: _____ Occupation: _____

PREFERRED COACHING ASSIGNMENT

Mite ___ Pee Wee ___ Bantam ___ Midget ___

House ___ Rep ___

Head Coach ___ Assistant Coach ___

CERTIFICATION/TRAINING

COURSE	DATE	LOCATION
SafeSport		n/a
CEP		
Level		
Background Check		n/a

**** Proof of certification REQUIRED ****

Please list other relevant courses:

COACHING EXPERIENCE

HOCKEY (list in order, starting with most recent)

YEAR	ASSOCIATION	TEAM NAME	POSITION (Head Coach, Assistant Coach Trainer, etc.)	DIVISION or AGE GROUP

OTHER SPORTS

YEAR	ASSOCIATION	TEAM NAME	POSITION (Head Coach, Assistant Coach, Trainer, etc.)	DIVISION or AGE GROUP

PLAYING EXPERIENCE (list in order, starting with most recent)

YEAR	ASSOCIATION	TEAM NAME	AGE

COACHING REFERENCES

NAME	ADDRESS	PHONE	POSITION

QUESTIONS (circle appropriate response)

Do you have a child registered in CDAHA? YES NO

Are you certified for the level for which you are applying? YES NO

If you are not certified at the requirement level, are you willing to acquire the required qualifications to obtain your certification? YES NO

Signature: _____ Date: _____

Please return completed application to:
Coeur d'Alene Hockey Association
Coaching Director
Tracy Evans: bullet1080@yahoo.com