



CHEEKTOWAGA YOUTH & RECREATION SERVICES
CHEEKTOWAGA WARRIORS YOUTH HOCKEY



2025-2026 COACHES APPLICATION FORM

Applicant Information:

Name: _____ Date of Birth: _____
 Home Address: _____ City/Zip: _____
 E-Mail: _____ Home Phone #: _____ Cell #: _____

Coaching Information:

Please Circle Choice

Coaching Position Desired: Head Coach Assistant Coach Boys Girls

Age Group Desired: Mite Squirt Peewee Bantam Midget

Level Desired: Travel (Major) Travel (Minor) Travel (A) MOHL

What is your current USA Hockey Coaching Level (circle): 1 2 3 4 5 None

USA Hockey Coaching Card #: _____ Expiration Date: _____

Are you certified in First Aid? Yes No Are you certified in CPR? Yes No

Coaching Experience:

List Your 5 Most Recent Ice Hockey Coaching Experiences

_____	_____	_____	_____
Year	Level	Organization	Position
_____	_____	_____	_____
Year	Level	Organization	Position
_____	_____	_____	_____
Year	Level	Organization	Position
_____	_____	_____	_____
Year	Level	Organization	Position
_____	_____	_____	_____
Year	Level	Organization	Position

References:

Please List 3 Hockey Related References and Their Contact Information

Name: _____ Phone: _____
 Relationship: _____ Organization: _____

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Applications should be submitted to the Hockey Office located in the Cheektowaga Recreation Center or Mail to:
 Coaches Applications, c/o Cheektowaga Warriors Hockey, 275 Alexander Avenue, Cheektowaga, NY 14211.

Playing Experience

List The Highest Level of Your Organized Ice Hockey Playing Experiences

Year	Level	Organization	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coaching Philosophy

Describe In Detail Your Coaching Philosophy

Certification:

I hereby acknowledge that all statements on this application are true and authorize a full investigation of all of the information provided on this application.

Signature: _____ Date: _____

For Office Use Only:

Application Received By: _____ Date: _____

Approval: Yes No Approved By: _____ Date: _____

USA Hockey Card Verified: Yes No Verified By: _____ Date: _____

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