



CHEEKTOWAGA YOUTH & RECREATION SERVICES
CHEEKTOWAGA WARRIORS YOUTH HOCKEY
 2021-2022 COACHES APPLICATION FORM



Applicant Information:

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

Coaching Information:

Coaching Position Desired: Head Coach Assistant Coach
 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: 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References:

Please List 3 Hockey Related References and Their Contact Information

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

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: _____

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.