

QCHA Head Coach Application



Contact Information

Last Name				
First Name				
Middle Initial				
Address				
City, St, Zip code				
Home Phone				
Work Phone				
Cell Phone				
E-Mail Address				
Citizenship	<input type="checkbox"/> US	<input type="checkbox"/> Other		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Current CEP Level	<input type="text"/>	CEP #	<input type="text"/>	Year of Clinic
			<input type="text"/>	<input type="text"/>

Do you regularly utilize email and check daily? Yes No

Prefer method of communication e-mail Cell Phone

Coaching Preferences

Preferred Coaching Position?

Team 1

Head Coach

Travel

Limited Travel / Select

House League

Team 2

Head Coach

Travel

Limited Travel / Select

House League

Preferred Age Level?

Team 1

Mini Mite

Mite

Squirt

Peewee

Bantam

Midget / High School

Girls 12U/10U

Girls 19U/16U/14U

Team 2

Mini Mite

Mite

Squirt

Peewee

Bantam

Midget / High School

Girls 12U/10U

Girls 19U/16U/14U

List Your Coaching Experience

List Your Hockey Playing Experience

Provide a statement on your philosophy of coaching youth hockey.

What are the most important elements of being a successful head coach?

Describe your intentions on how you would want to assemble and utilize a coaching staff.

Provide a statement summarizing what your philosophy and policies will be in communicating with parents and players.

Please explain why you want the position for which you are applying

Agreement and Signature

By submitting this application, I agree to sign the QCHA Consent to be Screened Form, USA Hockey Waiver, USA Hockey Code of Ethics and abide by QCHA policies, abide by Coach Job Description and attend required coaches meetings.

Name (printed)	
Signature**	
Date	

**** Signature field not required if submitting the application electronically.**