

CHEEKTOWAGA YOUTH & RECREATIONAL SERVICES  
**CHEEKTOWAGA WARRIORS YOUTH HOCKEY**  
 2020 - 2021 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)  House

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: \_\_\_\_\_

Applications Should Be Submitted to 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: \_\_\_\_\_

Applications Should Be Submitted to Hockey Office Located In The Cheektowaga Recreation Center or Mail To:  
Coaches Applications, c/o Cheektowaga Warriors Hockey, 275 Alexander Avenue, Cheektowaga, NY 14211