

GFYHA Coaching Application

2020– 2021 Season



Return this application to the Hockey Director at msmaby.gfyouthhockey@gmail.com or mail the application to:

**Grand Forks Youth Hockey Association
PO Box 5070
Grand Forks, ND, 58206**

PERSONAL DATA

Name:			
Current Address:		Daytime Phone:	
Evening Phone:		Mobile Phone:	
Email Address:		Parent Coach (Y / N):	

PRIOR COACHING EXPERIENCE (list the most recent first)

If returning GFYHA coach – enter the word “Returning” and leave section blank

Years	Club / Organization	Reference Phone #	Team Level/ Head or Asst

USA HOCKEY COACHING CERTIFICATION LEVEL

Coaching Card Number:		Coaching Certification Level:		Year Obtained:	
Safe Sport Certification Obtained (date)		Online Modules Completed (circle) MT SQ PW BT MD			
Background Screening Obtained (date)					

PLAYING BACKGROUND

Youth Hockey:	
High School:	
College:	
Other:	

TEAM APPLYING FOR

First Choice:		Third Choice:	
Second Choice:		Fourth Choice:	

APPLYING FOR A POSITION AS

___ Head Coach ___ Assistant Coach ___ Either ___ Volunteer

REFERENCES (List three people not related to you – not required for returning coaches)

Name	Relationship	Phone

Completion of this application form does not guarantee you acceptance for a position with GFYHA. Offer of coaching position is subject to the results of a background check.

What are your strengths as a coach?

What would your players say about you as a coach?
