

Superior Amateur Hockey Association 2019-2020 Volunteer Coach Application and Disclosure Agreement

**Please print all information except for signature.*

APPLICATION & DISCLOSURE STATEMENT

The Superior Amateur Hockey Association (SAHA) will not authorize or sanction in any of its programs that it directly controls, any volunteer or employee who has routine access to children (anyone under the age of majority), who refuses to consent to be screened by SAHA prior to being issued acceptance and/or approval for routine access to the children who take part in SAHA programs.

Volunteer's Full Name

(First) (Middle) (Last)

Address

Phone Number

(Home) _____ (Work) _____ (Mobile) _____

Drivers License Number, State, and Expiration Date

Date of Birth _____

E-mail Address _____

Previous Address(es) if located in another state within the past 10 years

POSITION APPLYING FOR? (Circle One)

Head Coach - Assistant Coach - Either Head or Assistant Coach - Goalie Coach

LEVEL REQUESTING TO COACH: (Circle all that apply)

Mini-Mite – Mite – Squirt – PeeWee - Bantam - Jr.Gold – 8/U Girls - 10/U Girls - 12/U Girls - 14/U Girls

1. Current Coaching Certification? (Circle One) None - Level 1 - Level 2 - Level 3 - Level 4 – Level 5
Card Number _____ Exp. Date _____

2. Have you coached previously? Yes No If so when, where, and at what level?

3. Have you played hockey previously? Yes No If yes, when, where, and at what level?

4. What is your coaching philosophy?

5. Are you willing to take direction from the "ACE" Coordinator? (What drills to use, advise in game situation, working as a team with the other coaches) Yes No

6. Have you had first aid training? Yes No

7. What is your probability of attending the following? (please circle the estimated % of time)

Practices- All – Most - Some (1/2) - A Few (1/3)

Games- All – Most - Some (1/2) - A Few (1/3)

Tournaments- All – Most - Some (1/2) - A Few (1/3)

8. Are you able to refrain from using profanity/vulgar language and acting as a role model for the kids at all times? Yes No

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer of SAHA if among other things the person has:

1) Been convicted (including crimes the record of which has been expunged and pleas of no contest) of a crime of child abuse, sexual abuse of a minor, physical abuse, causing the death of a child, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution, related crimes or controlled substance crimes;

2) Been adjudged liable for civil penalties or damage involving sexual or physical abuse of children;

3) Been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order or protection;

4) Had their parental rights terminated;

5) Has history with another organization (volunteer, employee, etc.) of complaints of sexual or physical abuse of minors;

6) Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual or physical abuse of minors;

7) Has a history of other behavior that indicates that they may be a danger to children in the SAHA hockey program.

Do any of the above apply to you? YES or NO (circle one)

If YES, please describe: _____

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant causes for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize WAHA to investigate all information contained in this application. The employers, organizations, and individuals named are authorized to give you any and all information regarding my employment, volunteer work, character, fitness and qualification (including opinions) that they have about me.

In consideration of the evaluation of this application by the SAHA, **I HEREBY WAIVE, RELEASE AND DISCHARGE SAHA**, all employers, organizations and individuals, and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature _____

Date _____

Please return this application along with a copy of your USA Hockey Coaching Card to:

SAHA

Attn: Coach Application at Christy

1015 Oakes Ave.

Superior, WI 54880