

# Arrowhead Youth Hockey Coaching Application 2010-2011 Season

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Years at this address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Employer and Position: \_\_\_\_\_

Percentage of required business travel: \_\_\_\_\_

Volunteer, community, charitable and/or other unpaid experience  
(Name of organization(s), address, phone, and role/services providing/provided)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COACHING PREFERENCES

Desired Level(s) (if selecting more than one, please indicate preference below):

Mite:	Squirt:	U-10:	PeeWee:
U-12:	Bantam:	U-14:	Midget:

Team (if applicable):

A:	B:	C:	Any:
----	----	----	------

Position:

Head:	Assistant:	Goalie:	Any:
-------	------------	---------	------

Other Preferences (i.e., preferred team, child-parent pairing, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOCKEY AND COACHING QUALIFICATIONS**

Do you have a current USA Hockey Coaching Card? \_\_\_\_\_

If yes, please provide Card No. and Expiration Date: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Please enclose a copy, front and back of card.

Did you play ice hockey as a youth? \_\_\_\_\_

Last team and level: \_\_\_\_\_

Did you play junior ice hockey? \_\_\_\_\_

Team(s) and league(s): \_\_\_\_\_

Did you play collegiate ice hockey? \_\_\_\_\_

School, year(s) and level: \_\_\_\_\_

Did you play professional ice hockey? \_\_\_\_\_

League(s) and year(s): \_\_\_\_\_

Do you play ice hockey in an adult league? \_\_\_\_\_

Are you/have you been an ice hockey referee? \_\_\_\_\_

Referee level(s): \_\_\_\_\_

Number of years' experience coaching youth athletic team sports: \_\_\_\_\_

Numbers of years' experience as an ice hockey coach: \_\_\_\_\_

Provide the following information for each season you coached an ice hockey team, beginning with the most recent first (continue on separate page and attach, if needed).

Year	Team Name & Location (city, state)	Club/League	Coaching Position	Age Bracket & Level

**ADDITIONAL QUALIFICATIONS, COMMENTS, REMARKS:**

---

---

---

---

---

---

---

---

---

---

Note: If more room is required, attach resume or additional information to the completed application form.

## **SUBMISSION**

Completed applications can be submitted to the ACE Coordinator in the mail slot at The Mullett Ice Center, or by mail to:

AYHA  
Attn: ACE Coordinator  
P.O. Box 561  
Hartland, WI 53029

Electronic submissions can be sent to [ace@arrowheadyouthhockey.com](mailto:ace@arrowheadyouthhockey.com).