



Willmar HOCKEY ASSOCIATION

COACHES APPLICATION FORM

1. Personal Information

Name _____
Address _____ City _____
Zip _____ Phone Home _____
Work _____ Cell _____
Email _____ DOB ____ / ____ / ____ Age ____ Male/Female
Mo Day Year circle gender

Rank all levels you are interested in coaching, with "1" being your first choice, "2" your second, etc.:

Head Coach ____ Assistant Coach ____
Initiation Program ____ Squirt A ____ B ____ Pee wee A ____ B ____ Bantam A ____ B ____
Girls U8 B ____ U10B ____ U12B ____

2. USA Hockey CEP (Coaching Education Program) Certification

Do you have a current USA Hockey Coaching Education Program Card? No / Yes
USA Hockey CEP# _____ What year did you last attend a CEP clinic? _____

What is your current USA Hockey CEP certification level? (Circle One)
Level 1-Initiation Level 2-Associate Level 3-Intermediate Level 4-Advanced Level 5-Master

3. Coaching Background

Last District # and Association you coached at? _____
Total number of years you have been coaching? _____
What team did you last coach? (Circle one)
MiniMite Mite IP Squirt Pee wee Bantam Girls U14 U12 U10 U8 Other _____
What level did you last coach at? (Circle one) A B B1 B2 C House
What teams have you coached in the past? (Circle all that apply)
MiniMite Mite IP Squirt Pee wee Bantam Girls U14 U12 U10 U8 Other _____
What levels have you coached at? (Circle all that apply) A B B1 B2 C House
Do you have any non-hockey coaching experience? No / Yes If YES, what sport(s)?

4. Coaching Clinics and Training

List any hockey coaching clinic(s) you have attended other than USA Hockey CEP programs:

List any non-hockey coaching clinic(s) you have attended: _____

5. Education Courses and Licenses

List any education course(s) taken: _____

Do you have a State High School Coaching License? No / Yes If YES, please attach a copy.

Do you have any other non-hockey Coaching Certificates or Licenses? No / Yes If YES, explain:

6. Educational Background

What is your highest level of education completed? (Circle one)

High School Trade School Some College 2-year College 4-year College Post Graduate
High School: _____ Grad Date: _____

College(s): _____

Degree/Major(s): _____ Grad Date: _____

7. Hockey Playing History – give a brief history of your hockey playing experience

8. Hockey Coaching History – give a brief history of your hockey coaching experience

9. Strengths – list your strengths as a hockey coach

10. Weaknesses – list your weaknesses as a hockey coach

11. Why do you want to be a youth hockey coach?

12. Personal References List THREE references (Personal or Hockey related)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

TO ALL APPLICANTS: Please take time to make this application as accurate and complete as possible. In today’s society, there are more and more situations where youth organizations are being accused of putting adult coaches, group leaders, etc. together with children without careful screening and consideration of these applicants. Such difficulties can and have led to litigation. Please help WHA fulfill its’ legal responsibility to carefully consider applicants coaching positions and ultimately protect yourself by having followed the required process. If you are selected as a WHA coach, you WILL BE REQUIRED to complete a criminal background check. THANK YOU!

Signature of Applicant: _____ Date: _____

Note: If you have a current USA Hockey Coaching Education Program card, please include a readable photocopy of BOTH sides of your card with this application.

SEND COMPLETED APPLICATION TO:

**Willmar Hockey Association, PO Box 445,
Attn: On-Ice, Willmar, MN 56201
www.willmarhockey.com**