******Coliseum Youth Hockey League**

**Indiana State Fairgrounds Youth Arena**

**1202 East 38th Street**

**Indianapolis, Indiana 46205**

**2015-2016 Coliseum Youth Hockey/Indy Capitals Coaching Application**

The Coliseum Youth Hockey League requires a completed Coaching Application from all applicants for coaching positions. In accordance with Mid-Am Hockey and USA Hockey guidelines, coaches, both head and assistant, are required to obtain the required level of certification through the USA Hockey Coaching Education Program for the coming season. In addition, each coach will be required to provide documentation of completion of mandatory background screening and player safety training through Mid-Am and USA Hockey.

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

 LAST FIRST M.I.

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

 STREET CITY ZIP

**Primary phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Mobile Work

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coaching Position Desired:** Head Coach Assistant Coach As Needed

**Program:** Coliseum Youth Hockey League Indy Capitals (BTHL All-Star program)

**Division:** Learn to Play Mite Minor Mite Major Squirt Pee Wee Bantam Midget

**USA Hockey CEP#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Level:** \_\_\_\_\_\_\_\_\_\_ **Exp.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you coached hockey before as a Head Coach or an Assistant Coach?**

*List your most recent experience first*

Year: \_\_\_\_\_ League: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head/Assistant

Year: \_\_\_\_\_ League: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head/Assistant

Year: \_\_\_\_\_ League: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head/Assistant

**Have you ever played organized hockey before?** *Please detail.*

**Have you coached other team sports as a Head Coach or Asst. Coach?** *Please detail.*

**Do you have any children (or other close relatives) playing in the Coliseum Youth Hockey League?** *If yes, please indicate below.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division/Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division/Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Statement**

I certify that all information given by me in this application is true and correct to the best of my knowledge. I consent to a background check for the purpose of coaching selection. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are sufficient cause for my not being accepted as a volunteer or for my dismissal, no matter when discovered. I hereby agree to conduct myself in accordance with the standards of USA Hockey and Coliseum Youth Hockey. I understand that failure to do so is sufficient cause for my dismissal as a volunteer at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Return Coaching Application to coliseumyouthhockey@gmail.com**