



CHEEKTOWAGA YOUTH & RECREATIONAL SERVICES
CHEEKTOWAGA WARRIORS YOUTH HOCKEY
 2016-2017 COACHES APPLICATION FORM



Applicant Information:

Name: _____ Date of Birth: _____
 Home Address: _____ City/Zip: _____
 E-Mail: _____ Home Phone #: _____ Cell #: _____

Coaching Information:

Coaching Position Desired: Head Coach Assistant Coach

Age Group Desired: Mite Squirt Peewee Bantam Midget

Level Desired: Travel (Major) Travel (Minor) House

What is your current USA Hockey Coaching Level: 1 2 3 4 5 None

USA Hockey Coaching Card #: _____ Expiration Date: _____

Are you certified in First Aid? Yes No Are you certified in CPR? Yes No

Coaching Experience:

List Your 5 Most Recent Ice Hockey Coaching Experiences

Year	Level	Organization	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References:

Please List 3 Hockey Related References and Their Contact Information

Name: _____ Phone: _____
 Relationship: _____ Organization: _____
 Name: _____ Phone: _____
 Relationship: _____ Organization: _____
 Name: _____ Phone: _____
 Relationship: _____ Organization: _____