

GRAND TRAVERSE HOCKEY ASSOCIATION
COACHING APPLICATION
2019/2020 Season

Background Checks/Safe Sport must be completed before September 1st, 2019.

Please complete Coaching Application
and send to the GTHA office gtha@tchockey.com

Name: _____
FIRST MIDDLE LAST

Street Address: _____

City, State, Zip: _____

Phone: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
DAY EVENING CELL

E-Mail _____ Date of Birth ____ / ____ / ____

TEAM/LEVEL COACHED 2018-19 _____

I am applying to coach (please check all that apply):

- | | | | | | | | |
|-------------------|------------------------------------|-------------------------------------|--------------------------------------|---|------------------------------|-------------------------------------|-------------------------------------|
| Mini Mite: | <input type="checkbox"/> Mite IP | <input type="checkbox"/> Mite U6 | <input type="checkbox"/> Instructor | <input type="checkbox"/> On-Ice Helper | | | |
| Mite: | <input type="checkbox"/> Mite U8 | <input type="checkbox"/> Mite U8 | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach | | | |
| Squirt: | <input type="checkbox"/> B (House) | <input type="checkbox"/> A (Travel) | <input type="checkbox"/> AA (Travel) | <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst Coach | | | |
| Pee Wee: | <input type="checkbox"/> B (House) | <input type="checkbox"/> A (Travel) | <input type="checkbox"/> AA (Travel) | <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst Coach | | | |
| Bantam: | <input type="checkbox"/> B (House) | <input type="checkbox"/> A (Travel) | <input type="checkbox"/> AA (Travel) | <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst Coach | | | |
| Midget: | <input type="checkbox"/> B (House) | <input type="checkbox"/> A (Travel) | <input type="checkbox"/> AA (Travel) | <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst Coach | | | |
| Girls: | <input type="checkbox"/> U10 | <input type="checkbox"/> U12 | <input type="checkbox"/> U14 | <input type="checkbox"/> U16 | <input type="checkbox"/> U19 | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach |

USA Hockey Coaching Education Program certification level: _____

You must hold current certification or be eligible for current certification to coach.

If you are unsure of the requirements please review them on-line at:

www.maha.org

Please see other side

GRAND TRAVERSE HOCKEY ASSOCIATION
YOU MUST COMPLETE ALL LINES BELOW TO BE CONSIDERED.

Previous coaching experience:

Previous playing experience:

Please list two references:

Name _____ Phone _____ Relationship _____

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Briefly Describe Your Coaching Philosophy and Approach:

Concerns regarding coaching:

How do you view the role of the coach?

What unique strengths do you bring to the program?

In what areas can GTHA offer you more assistance to make coaching easier?

**Anyone with youth contact is required to sign and comply with the USA Hockey Coaches Code of Conduct and complete the MAHA Background Check form and Ethics Statement prior to start of the Season.
If you have any question regarding the selection process please call the GTHA Office at 231-933-4842.**

Please see other side