



## Santa Rosa Junior Hockey Club Application for Returning Coach

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

All coaches must be registered with USA Hockey, and have the appropriate USA Hockey coaching level prior to being allowed to coach.

USA Hockey Certification Level: 1 2 3 4 5      USA# \_\_\_\_\_      Exp. Date: \_\_\_\_\_

Are you: First Aid Certified? Y / N      CPR Certified? Y / N

Do you children in the program?    Player Name(s) & level : \_\_\_\_\_

<b>Applying for:</b>	<input type="checkbox"/> Head coach	<input type="checkbox"/> Assistant Coach
<b>Skill Level:</b>	<input type="checkbox"/> Basics/Intermediate	<input type="checkbox"/> House <input type="checkbox"/> Travel
<b>If Travel:</b>	<input type="checkbox"/> Mite u8 <input type="checkbox"/> Squirt u10	<input type="checkbox"/> Pee wee u12 <input type="checkbox"/> Bantam u14 <input type="checkbox"/> Midget (u16/u18)

Comments:

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**Please describe last year's SRJHC experience, your coaching philosophy, and why you should be considered (please use the back of this form if necessary):**

Coaching related reference:

1) Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

### Screening Process:

Please note that anyone interested in coaching or volunteering with the Santa Rosa Junior Hockey Club must submit to a CAHA background screening and cannot be considered for a coaching position unless this process has been completed. I have already completed this step \_\_\_\_ expiration: \_\_\_\_\_

As a coach with the Santa Rosa Junior Hockey (SRJH), I understand it is my responsibility to provide leadership and set the standard for sportsmanship, both on and off the ice, for my players and their parents. I agree to abide by the policies, rules and guidelines and the Code of Conduct established by SRJHC, NorCal, CAHA and USA Hockey.

Signature \_\_\_\_\_ Date \_\_\_\_\_