



MID FAIRFIELD CT STARS COACHING APPLICATION

The Mid Fairfield CT Stars organization is currently accepting applications from persons interested in Coaching Positions for the 2022-2023 hockey season. If you are interested in applying, please complete the attached application and disclosure and return to Carolyn Holt at MFYHASTars@optonline.net. The Coaching Selection Committee will review all applications and respond in a timely manner. *Thank you for your interest in our organization!*

Mid Fairfield CT Stars Coaching Application Process

- Completely fill out the Mid Fairfield CT Stars Coaching Application below. Your application must include references, your hockey experience and community service background.
- Email the completed application to Carolyn Holt at MFYHASTars@optonline.net.
- Complete the background screening form:
<http://leagueathletics.com/Page.asp?n=23706&org=chchockey.org>
- Submit the background check at the same time as your coaching application. The background check is performed by an independent third party and Mid Fairfield does not store any personal or confidential information submitted by the applicant. Background check is good for two years.

USA Hockey Requirements

- Register with USA Hockey for current season:
https://www.usahockeyregistration.com/login_input.action
- Create a Coach/Clinic login on the USA Hockey website.
- If your USA Hockey CEP is not up to date, please make the necessary arrangements to become certified prior to the start of the season. Coaches will not be able to take the ice without proper certification. Clinics can be found here:
<http://www.usahockey.com/coachingclinics>
- Complete the age-specific module for the team that you will be coaching in the coming year. Modules are available September 1-December 31. Age-specific modules are administered by FlexxCOACH:
<https://usahcepmodules.flexxcoach.com>
- Complete USA Hockey Safe Sport Training (required every two years):
<http://www.usahockey.com/safesporttraining>

MID FAIRFIELD CT STARS COACHING APPLICATION

Name: _____

Date of Birth: _____

Current Address: _____

(If less than three years please list previous address):

Home Phone: _____ Email: _____

Cell Phone: _____ Additional Email: _____

Current Employer (Company, Address, Telephone Number): _____

Volunteer, community, charitable and/or other non-paid experience (organization[s] name, address, telephone number & supervisor): _____

References- Please list at least 3 personal references (name, address and telephone number), at least one of whom must have personal knowledge of your youth sports experience, if any:

1. _____

2. _____

3. _____

Educational background- Please list schools attended with graduation dates:

Hockey/Coaching Experience- Please detail your hockey playing experience and your coaching experience (if any):

What age group are you looking to coach? Please circle: 10U 12U 13U 14U 16U 19U

USA Hockey Coaching Card #: _____ Level: _____ Date Attained: _____

Age Specific Modules Completed: _____

SafeSport Training Completed: yes no

Briefly state why you would like to coach youth hockey and your philosophy on coaching (use reverse side if necessary):

Do you have a child or relative in the Mid Fairfield organization? If yes, please provide the name(s).

Anything else you would like the organization to know when considering your application?

Signature: _____ Date: _____

PLEASE COMPLETE AND SUBMIT DISCLOSURE STATEMENT BELOW

**MID FAIRFIELD YOUTH HOCKEY ASSOCIATION
DISCLOSURE STATEMENT**

MFCT STARS/MID FAIRFIELD YOUTH HOCKEY ASSOCIATION will not authorize any volunteer or employee who has routine access to children (anyone under the age of majority), who refuses to consent to be screened by MFCT Stars/Mid Fairfield Youth Hockey Association prior to being issued acceptance/approval for routine access to the children who take part in MFCT Stars/Mid Fairfield Youth Hockey Association program.

Volunteer Disclosure Agreement

(Please Print)

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

Social Security Number **REQUIRED**

| | | |
|-------------------------------|------------|------------|
| Date of Birth REQUIRED | Home Phone | Cell Phone |
|-------------------------------|------------|------------|

Previous Address(s) if located in another state within the past 10 years

I have read and understand that a person maybe disqualified and prohibited from serving as an employee or volunteer of MFCT Stars/Mid Fairfield Youth Hockey Association, if among other things, the person has:

1. Been convicted (including crimes the record of which has been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, or controlled substance crimes;
2. Been adjudged liable for civil penalties or damage involving sexual or physical abuse of children;
3. Been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order or protection;
4. Had their parental rights terminated;
5. Has history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;
6. Resigned, been terminated or been asked to resign from a position, whether paid or un-paid, due to a complaint(s) of sexual or physical abuse of minors;
7. Has a history of other behavior that indicates they may be a danger to children in Connecticut Hockey Conference and/or its members' programs;

Do any of the above apply to you? YES _____ NO _____ If YES, please describe:

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as a volunteer/employee or for my dismissal no matter when discovered. I authorize MFCT Stars/Mid Fairfield Youth Hockey Association to investigate all information contained in this application, including, but not limited to a criminal records investigation. The employers, organizations, and individuals name are authorized to give you any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they have about me.

In consideration of the evaluation of this application by MFCT Stars/Mid Fairfield Youth Hockey Association. I HEREBY WAIVE, RELEASE AND DISCHARGE MFCT Stars/Mid Fairfield Youth Hockey Association, all employees, organizations and individuals, and any other persons or entities from Liability for damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature _____

Date _____

Coaching selections are subject to the MFCT Stars/Mid Fairfield Youth Hockey Association Board of Governors approval. Please return applications to Carolyn Holt at MFYHStars@optonline.net.

DEADLINE TO SUBMIT APPLICATION IS March 15, 2022