

## **Kodiak Hockey League Coach Application Form**

Name:				
Address:	City: _		State:	Zip:
Phone (cell):	Email:			
Please check level of coachi Head Coach Assistant (	• .	· ·	_	-
Please check age-group(s) y 6/8U 10U 12U				
USA Hockey Coach Edu	cation Program (Cl	EP) Certification	1	
Do you have a current USA	Hockey (CEP) Card? (ci	rcle one): Yes No		
USA Hockey CEP#:	What ye	ear did you last atte	end a CEP cli	nic?
What is your current USA H	ockey CEP certification	n level? (circle one):		
Level 1- Initiation Level 2- A	Associate Level 3- Inte	rmediate Level 4-	Advanced L	evel 5- Master
Hockey Coaching Backg	ground			
Total number of years you'v	e coached?	What season did	you last coac	h?
What levels have you coach	ed at?	Where have you	coached?	
Do you have any non-hocke	y coaching experience	e? If yes, wha	at sport(s)? _	
Please briefly describe your	hockey playing experi	ence:		
Please briefly list your stren	gths and weaknesses	as a hockey coach:		
			<del> </del>	
Please briefly share why you	u want to be a youth h	ockey coach:		

## 

**Personal References** 

Please submit your completed application to:

info@kodiakhockeyleague.org

Rodiak Hockey League P.O. Box 1227 Kodiak, AK 99615