



JEFFERSON CITY YOUTH HOCKEY CLUB

COACHING APPLICATION

The Jefferson City Youth Hockey (JCYH) Board Members is currently accepting application from persons interested in Head Coaching Positions for the 2019-2020 hockey season. If you are interested in applying, please complete the following three page application and return it to JCYH either by mail to the address listed below or via email to Jamison Case, President, jamoles@yahoo.com.

Jefferson City Youth Hockey
P.O. Box 6884
Jefferson City, MO 65102

The JCYH Board will review all applications received and select the head coaches for each team by June 15, 2019. Please submit your completed applications as soon as possible.

NAME: _____

Current Address: _____
(Address, street)

(City) (State) (Zip)

Phone Numbers: Home: _____

Work: _____

E-Mail Address: _____

Date of Birth: _____

CEP Number _____

Please indicate the **Head** Coaching position(s) you are applying for. You may apply for a maximum of two (2) Head Coaching positions.

MITE	SQUIRT	PEE WEE	BANTAM	MIDGET

Have you attended or scheduled to attend any USA Hockey Coaching Achievement Clinics for the 18-19 season?

If so, When and Where?

What certification level(s) have you achieved?

Past coaching experience (indicate what capacity, for example head coach, asst. coach, manager, etc.)

Past playing experience (Please explain the length of time you played, position, and at what level.)

Have you ever received a major misconduct penalty where you as a coach were required to appear before a hockey hearing of some type? If so, give the date and explain:

Have you been subject to any disciplinary proceedings in any other hockey association or been requested to leave an association as a coach? If so, please explain:

Please add any other information you would like the Board Members to consider regarding your application.

Do you have child/children in the age division(s) that you were applying for as a coach?

Yes _____ NO _____

Are you willing to coach a team that your child will not be rostered on? Yes _____ NO _____

If so, please list name/birth date(s), month/day/year: _____

If yes, were they members of the JCYH for the 2017 - 2018 Seasons? Yes _____ No _____

As a Head coach I will familiarize myself with and attempt to at all times adhere to the “USA Hockey Coaches Code of Conduct.”

As a JCYH Head Coach, I will be responsible for conducting myself as a positive role model for those players selected or drafted to the team I am assigned to coach. As a role model and positive influence, I will accept responsibility for not only my behavior and conduct but also the conduct of my assistant coaches, managers, players and parents.

I further understand that all JCYH Coaches are appointed by the JCYH Board Members and that Head Coach Positions are at all times, “at will.” I further understand that this is a volunteer position and that I will may receive monetary compensation or some other remuneration or fringe benefit for serving in this position.

I also acknowledge that inappropriate behavior of the coach or members of his or her staff could result in disciplinary action by the JCYH Board Members who have the authority to remove the Head Coach, Assistant Coaches and Manger at any time if it is determine to be in the best interest of the JCYH and its members.

I certify that all the information I have provided is true and accurate to the best of my knowledge. I also understand that providing false or inaccurate information in this application will disqualify me from further consideration as a coaching staff candidate or will result in my immediate dismissal if named to a coaching position.

I certify that if chosen, I will have to attend USA Hockey coaching classes to obtain the proper level card if not done so already.

By my signature below, I authorize the JCYH to investigate all information regarding my background in considering of this application, I hereby waive, release and forever discharge the JCYH, it officers, director and member form any liability for damages that may result from compliance with this authorization.

Applicant Signature

Date
