

Piedmont Predators

House Coaching Application

Please submit to Ron Evans – revans@haymarketiceplex.com, or mail to:
15155 Washington Street, Haymarket, VA 20169

| Last | First | | | _ Middle | _ |
|--|--------------------------|-------------------|------------------|----------------------|-----------------------|
| Date of Birth | | Female | | | |
| Place of Birth | | | | | |
| Street Address | | | | | |
| City | State | Zip | | | |
| Home Phone | Work | ζ | | Cell | |
| Email Address | | | | | |
| USA Hockey Registration – program (found at www.usal | hockey.com), please wr | | | | A Hockey registration |
| Occupation: | | Company: | | | |
| Position applying for (circle) |): Head Coach | Assistant Coa | ch | | |
| Team (circle) |): Mite Squirt | Pee Wee | Bantam | Midget | |
| If the desired position is not | available, would you be | a interested in a | different positi | ion/team? | |
| if the desired position is not | avanable, would you be | interested in a | annerent posit. | ion/team. | |
| Initiation – Level 1 | Year/Month Attained | | | | |
| Associate – Level 2 Intermediate – Level 3 | | | | | |
| | | | | | |
| Masters – Level 5 | | | | | |
| CEP Number: | (please submit a | a photocopy of a | ll your most re | ecent certifications | and registrations) |
| Other relevant training: | | | | | |
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| | | | | | |
| | | | | | |
| Coaching Experience (list 5 | most recent years of ext | perience): | | | |
| Year Club | <u>Position</u> | | /Select/Travel | Age Class | Level of Play |
| | | | | | |
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| Disciplinary Action: Have you ever been "suspended" from any youth hockey program or game? Have you ever been reported to USA Hockey for any reason? Have you ever been banned from entering an ice rink or training facility? If you answered yes to any of the above questions, please provide specific details in the comments section of this application. | |
|---|---|
| Hockey playing background: Level Years Club Name, League, City/State Youth | |
| Please rate your skating ability (circle one): | |
| Advanced A B C | |
| Why are you volunteering for a coaching position? | |
| | _ |
| | _ |
| | _ |
| References Please list two references who can fairly assess your hockey skills and experience. | |
| Name: Relationship: Address: Phone (H) (C) | |
| Name: Relationship: | |
| Address: Phone (H) (C) | |
| I certify that the facts set forth in this application are true and complete to the best of my knowledge. My signature belo authorizes Piedmont Hockey Club to contact my references and make an investigation of any facts set forth in this application. I also understand that Piedmont Hockey Club will require a background check before I can coach a team. | W |
| I understand that I am responsible for my personal conduct and I will exemplify the highest standards possible at all time. Further, I understand that any violations reported to and confirmed by Piedmont Hockey Club may result in disciplinary actions or removal as a coach during the season or any future seasons. | |
| Criminal Background Check: PVAHA and Piedmont Hockey Club requires all coaches to authorize a criminal records inquiry. Any prospective coach who refuses to sign a release for this information will not have the opportunity to coach. | h |
| Signature of Applicant | |
| Signature of Applicant Date | |