



CHEEKTOWAGA YOUTH & RECREATION SERVICES  
**CHEEKTOWAGA WARRIORS YOUTH HOCKEY**  
2024-2025 COACHES APPLICATION FORM



**Applicant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Coaching Information:**

Coaching Position Desired: ☐ Head Coach ☐ Assistant Coach  
Age Group Desired: ☐ Mite ☐ Squirt ☐ Pee wee ☐ Bantam ☐ Midget  
Level Desired: ☐ Travel (Major) ☐ Travel (Minor) ☐ Travel (A) ☐ MOHL  
What is your current USA Hockey Coaching Level: 1 2 3 4 5 None  
USA Hockey Coaching Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Are you certified in First Aid? Yes ☐ No ☐ Are you certified in CPR? Yes ☐ No ☐

**Coaching Experience:**

List Your 5 Most Recent Ice Hockey Coaching Experiences

Year	Level	Organization	Position
Year	Level	Organization	Position
Year	Level	Organization	Position
Year	Level	Organization	Position
Year	Level	Organization	Position

**References:**

Please List 3 Hockey Related References and Their Contact Information

Name: _____	Phone: _____
Relationship: _____	Organization: _____
Name: _____	Phone: _____
Relationship: _____	Organization: _____
Name: _____	Phone: _____
Relationship: _____	Organization: _____

Applications should be submitted to the Hockey Office located in the Cheektowaga Recreation Center or Mail to:  
Coaches Applications, c/o Cheektowaga Warriors Hockey, 275 Alexander Avenue, Cheektowaga, NY 14211.

Playing Experience			
List The Highest Level of Your Organized Ice Hockey Playing Experiences			
Year	Level	Organization	Position
Year	Level	Organization	Position
Year	Level	Organization	Position

Playing Experience			
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Year	Level	Organization	Position
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Year	Level	Organization	Position
Year	Level	Organization	Position

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<b>Certification:</b>	<p>I hereby acknowledge that all statements on this application are true and authorize a full investigation of all of the information provided on this application.</p> <p style="text-align: center;">Signature: _____ Date: _____</p>
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<b>Certification:</b>	<p>I hereby acknowledge that all statements on this application are true and authorize a full investigation of all of the information provided on this application.</p> <p style="text-align: center;">Signature: _____ Date: _____</p>
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<b>Certification:</b>	<p>I hereby acknowledge that all statements on this application are true and authorize a full investigation of all of the information provided on this application.</p> <p style="text-align: center;">Signature: _____ Date: _____</p>
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For Office Use Only:			
Application Received By: _____		Date: _____	
Approval: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved By: _____	Date: _____
USA Hockey Card Verified: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified By: _____	Date: _____

For Office Use Only:			
Application Received By: _____		Date: _____	
Approval: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved By: _____	Date: _____
USA Hockey Card Verified: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified By: _____	Date: _____

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