



Idaho Falls Youth Hockey Association

COACHES APPLICATION FORM

1. Personal Information

Name _____

Address _____ City _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Email _____ DOB ____/____/____ Age ____ Male Female

Rank all divisions you are interested in coaching, with "1" being your first choice:

Head Coach Assistant Coach

6U/8U 10U 12U 14U High School Girls: 12U 14U 19U

2. USA Hockey CEP (Coaching Education Program) Certification

Do you have a current USA Hockey Coaching Education Program Card? No Yes

USA Hockey CEP# _____

What year did you last attend a CEP clinic? _____

What is your current USA Hockey CEP certification level? _____

Level 1-Initiation Level 2-Associate Level 3-Intermediate Level 4-Advanced Level 5- Master

3. Coaching Background

Last Association you coached? _____

Total number of years you have been coaching? _____

Which team did you most recently coach?

6U/8U 10U 12U 14U High School Girls: 12U 14U 19U

Other _____

What level(s) did you most recently coach? A B House

Which teams have you coached in the past? Check all that apply

6U/8U 10U 12U 14U High School Girls: 12U 14U 19U

What levels have you coached? A B House

Do you have any other, non-hockey coaching experience? No Yes

If YES, which sport(s)? _____

4. Coaching Clinics and Training

List any hockey coaching clinic(s) you have attended other than USA Hockey CEP programs:

List any non-hockey coaching clinic(s) you have attended:

6. Hockey Playing History – give a brief history of your hockey playing experience

8. Hockey Coaching History – give a brief history of your hockey coaching experience

9. Strengths – list your strengths as a hockey coach

10. Weaknesses – list your weaknesses as a hockey coach

11. Why do you want to be a youth hockey coach?

Signature of Applicant: _____ Date: _____

SEND COMPLETED APPLICATION TO:

**Idaho Falls Youth Hockey Association, PO Box 3000,
ATTN: Coaching Committee, Idaho Falls, ID 83403
Email: Ifyhacoaching@gmail.com**