

BISMARCK HOCKEY BOOSTERS COACHING APPLICATION

Full Legal Name: _____

Street Address _____ State: _____ Zip: _____

SS #: _____ - _____ - _____ Birth Date: _____

Phone Number, Primary: _____ - _____ - _____ Secondary: _____ - _____ - _____

Email: _____

Current USA Hockey Coaching Certification: None 1 2 3 4 5

Expiration Date: _____

Coaching Experience: (Circle all that apply)

Boys: Mites Squirts Peewees Bantams High School or Higher

Girls: 8u 10u 12u 14u 16u High School or Higher

Numbers of years Coaching Hockey: _____

Do you have a coaching resume: Yes No

What position are you applying for? _____

What level do you prefer to coach this upcoming season?

Boys: Mites Squirts Peewees Bantams

Girls: 8u 10u 12u 14u 16u

Are you able to travel: Yes No

Highest Level of Hockey Played: _____

What special skills do you possess for this position?

Applicant's Signature _____

Date: _____

BHB USE ONLY

Candidate Evaluation: Weak- 1 2 3 4 5 -Strong	Comments: _____ _____ _____ _____ _____
Seek Applicant for position in future Yes No	
Level Coached: _____	