

2008-09 MLAHA Coach Application

Return Completed Application To:

MLAHA

c/o Coaching & Player Development Committee

P.O. Box 104

Moose Lake, MN 55767

MLAHA COACHING STAFF APPLICATION PROCESS

We appreciate your interest in becoming a member of the MLAHA Coaching Staff. Please complete this application and mail it to the address above by April 1st, 2008. Once your application has been received, it will be reviewed by the Coaching & Player Development Committee and you will be notified of a date & time to meet with the committee if necessary.

PERSONAL: (check one) I am applying to be a: _____ HEAD COACH _____ ASSISTANT COACH
Level: _____ Mite 1 / _____ Mite 2 / _____ U8 / _____ Squirt / _____ U10 / _____ PeeWee / _____ U12 / _____ Bantam

Name: _____ Email: _____
Last First Middle

Permanent Address: _____ (_____) _____
Address City State/Zip Phone Number

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain: _____

In emergency contact: Name: _____ Relationship: _____

Address: _____ Phone: (_____) _____

CERTIFICATION:

Circle the level at which you are currently certified by USA Hockey as a coach:

Level 1 2 3 4 5 Not Currently Certified

Please list the year your certification expires: _____

Please list other certifications you currently hold: _____

COACHING EXPERIENCE:

Please list the levels at which you have coached the game of hockey and whether you were the head coach or an assistant. Also, list the association(s) you were affiliated with:

PLAYING EXPERIENCE:

Please list the levels at which you played the game of hockey and the association(s)/schools/organizations you were affiliated with: _____

REFERENCES: List two non-relatives

Name_____

Address_____ City_____ State/Zip_____

Phone_____ Relationship_____

Name_____

Address_____ City_____ State/Zip_____

Phone_____ Relationship_____

I hereby certify that all of the information that I have provided Moose Lake Area Hockey Association (MLAHA) in this application or otherwise is true. I give permission to MLAHA and it's agents to attempt to verify the information that I have provided by questioning my references, employers, school, friends, family members, and anyone else who is contracted by MLAHA or its agents to release all information that they possess about me to MLAHA or its agents. I understand that if, in the sole opinion of MLAHA, I have provided false, misleading, or incomplete information, my application may be rejected, or if it has already been accepted, I may be terminated immediately.

Applicant's Signature _____ Date _____

Note: "Affirmative Action" legislation gives you the right, if you should so choose, to omit certain categories in this application, i.e. those questions pertaining to date of birth, sex, marital status, physical limitations, etc. All help us in the placement process but cannot be required.

PRACTICE PLANS: Please use the space provided & extra paper as needed, to briefly explain your philosophy of coaching and to draw an outline of a practice plan.