

Eau Claire Youth Hockey Coaching Application

"To play the game is great, to love the game is greater"

Eau Claire Youth Hockey

P.O. Box 1592 Eau Claire, WI 54702-1592

First Name _____ Last Name _____ Middle Initial _____

Home Phone _____ Work Phone _____ Cell Phone _____

Current Street Address _____

Previous Street Address (if less than 2 years) _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Birth Date _____

Email Address _____ Employer _____

Work Schedule _____ Hours available for practices _____

Drivers License Number _____ SS# _____

Hockey Coaching Experience (Level and years at each - if other than ECYH please list the Association and location) _____

Hockey Playing Experience _____

Position Interested in: Head Coach _____ Assistant Coach _____ Either _____

Coaching Team with _____ (if you have a preference)

Age level and Team interested in Coaching

1st Choice _____

2nd Choice _____

Please describe your coaching philosophy (attach additional sheet if needed) _____

USA Hockey Coaching certification Level, ID number & Exp Date _____

All coaches up to Squirt level must be educated to USA Hockey Associate Level.
All coaches for PeeWee level and above must be educated to USA Hockey Intermediate Level or above.

Personal Evaluation: Please take moment to tell us how you coach and where you excel and those you feel you would like to improve. Read each statement; select the word that best describes you. Reprinted from USA Hockey.

	Excellent	Good	Needs Improvement
As a leader I:			
1. Establish Goals	_____	_____	_____
2. Use a democratic coaching style	_____	_____	_____
3. Am a good role model	_____	_____	_____
4. Develop leadership skills in my athletes	_____	_____	_____
5. Have a positive relationship with referees	_____	_____	_____
6. Interact effectively with parents	_____	_____	_____
7. Help athletes maximize their potential	_____	_____	_____
As a Teacher I:			
1. Teach the necessary hockey	_____	_____	_____
2. Teach the skills using the proper sequence and progressions	_____	_____	_____
3. Teach skills using understandable language	_____	_____	_____
4. Realize athletes differ in their readiness to learn a skill	_____	_____	_____
5. Realize athletes learn skills at different rates	_____	_____	_____
6. Teach more than just hockey skills	_____	_____	_____
As an Organizer I:			
1. Plan effective practices	_____	_____	_____
2. Select very good assistant coaches	_____	_____	_____
3. Have parents assist in the program	_____	_____	_____
4. Attend to details	_____	_____	_____
5. Communicate effectively	_____	_____	_____

Additional Comments:(please attach additional sheet if needed) _____

Background information:

Have you ever been convicted, plead guilty to or pleaded no contest to a crime in the last 7 years other than a misdemeanor traffic violation? If yes, please list _____

Conviction of a crime doesn't automatically disqualify you from a coaching position.

I understand that being certified at an appropriate level as defined by USA Hockey, is a pre-requisite for coaching for ECYH and I will fulfill this obligation. I agree to abide by all rules, policies, and procedures set forth by ECYH, the Wisconsin Amateur Hockey Association (WAHA), and USA Hockey, as well all applicable ethics codes. I agree to allow ECYH to perform a background check regarding criminal history and employment history. All information obtained will be kept confidential.

Applicant Signature _____

Send completed Application to: ECYH
 PO Box 1592
 Eau Claire, WI 54702-1592