



Springfield Youth Hockey Association

PO Box 8822

Springfield, Illinois 62791

Volunteer Coach Application

Please send to the mailing address above or return via email.

Questions: Contact Dave Karraker (217)883-1919 competitiveteams@springfieldkings.org

Volunteer's Full Name

(First) (Middle) (Last)

Address

Phone Number

(Home) _____ (Cell) _____

Email _____

Drivers License # _____

Level requesting to coach _____ Head Coach or Assistant Coach? _____

If Head Coach, who would your possible assistants be?

1. Do you have your coaching certification? Yes _____ No _____

USA Hockey number _____

2. Have you coached previously? Yes _____ No _____

If so when? Where? And at what level?

3. Have you played hockey previously? Yes _____ No _____

If so when? Where? At what level? _____

4. What is your coaching philosophy? Competitive, having fun, discipline, teamwork, etc.) _____

5. Are you willing to take direction from the 'ACE' Coordinator? Yes _____ No _____
(What drills to use, advice in game situations, working as a team with other coaches)

6. Have you had first aid training? Yes _____ No _____

7. What is your probability of attending: (please circle the estimated % of time)

Practices	All	Most	Some (Half)	A Few (1/3)
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Games	All	Most	Some (Half)	A Few (1/3)
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Tournaments	All	Most	Some (Half)	A Few (1/3)
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8. What do you feel you would offer as a hockey coach for Springfield Kings? (Feel free to attach more on back or as separate sheet/attachment if needed) _____

By signing the application, you are attesting that statements (a) through (f) are all true.

Signed: _____

Date: _____