



## ***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](mailto: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)

Games              All      Most      Some (Half)      A Few (1/3)

Tournaments              All      Most      Some (Half)      A Few (1/3)

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: \_\_\_\_\_