



# Application for Employment

## Position: Director of Hockey Operations

The Owatonna Youth Hockey Association is dedicated to providing a positive, safe, and competitive environment for youth hockey players to develop their skills, character, and love for the game. The Director of Hockey Operations plays a pivotal role in shaping the on-ice product, player development, and coaching standards for our association.

*Please complete all sections of this application. You may attach a resume and cover letter to supplement your answers.*

### 1. Applicant Information

<b>Full Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

#### Current USA Hockey SafeSport/Background Check Status:

- Current & Clear
- Expired
- Not Yet Completed



## 2. Hockey & Leadership Background

Current USA Hockey Coaching Certification Level (e.g., Level 1-5):	
CEP Number:	
Expiration Date:	
Years of Coaching Experience:	
Years of Hockey Administration/Board Experience:	

Please list your most relevant hockey leadership or coaching positions (Last 3 roles):

1. Organization: \_\_\_\_\_ Role: \_\_\_\_\_ Years: \_\_\_\_\_
2. Organization: \_\_\_\_\_ Role: \_\_\_\_\_ Years: \_\_\_\_\_
3. Organization: \_\_\_\_\_ Role: \_\_\_\_\_ Years: \_\_\_\_\_

## 3. Supplemental Questions

*Feel free to attach a separate sheet if you need more space.*

**1. Why are you interested in becoming the Director of Hockey Operations for the Owatonna Youth Hockey Association?**

**2. Describe your philosophy on youth player development. How do you balance competitive drive with equal opportunity and skill development across different age groups (Mites to Bantams/15U)?**



3. How do you approach recruiting, mentoring, and managing a volunteer coaching staff? What steps would you take if a coaching conflict or parent issue arises?

4. What do you see as the biggest opportunity for growth or improvement within OYHA over the next 2–3 years?

#### 4. References

*Please provide two professional or hockey-related references (e.g., former board members, coaches, or colleagues).*

<b>Reference 1</b> <b>Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>		<b>Email:</b>	

<b>Reference 2</b> <b>Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>		<b>Email:</b>	



## 5. Acknowledgment and Signature

*I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading statements may result in the rejection of my application or termination from the position if selected. I authorize OYHA to conduct a background check and verify the information provided, in accordance with USA Hockey and Minnesota Hockey policies.*

<b>Applicant Signature:</b>		<b>Date:</b>	
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## Submission Instructions

- **Please email your completed application, along with a resume and cover letter, to:** [president@owatonnahockey.com](mailto:president@owatonnahockey.com)
- **Subject Line:** Director of Hockey Operations Application - [Your Name]