

Junior Falcons Hockey Club Association

Coaching Application 2025-2026 Season

Name (Please Print):								
Street Address:								
P.O. Box								
City, State, Zip Code								
Telephone (Home):		Telephone (Work): Email:						
Previous Season Te	eam: Check for NE	EW application Previous Season Position (Head/Assistant Coach):						
Age Group Des	Mite .		Squirt	Squirt Peewee Bantam Midget				
Coaching Positi				Assistant Coach				
USA Hockey Coaching Education Program						Patch Level	Year Obtained	
CEP Number:								
CEP Number:						Associate		
						Intermediate Advanced		
						Masters		
Number of Player Age						Number of	Player Age	
		Years		Level		Years	Level	
Prior	in <i>Hockey</i>				in Baseball			
Coaching Experience	in Dek-Hockey				in Soccer			
	in Basketball				in <i>Other</i>			
	in Football							
Explain "Other" if shown above:								
Coaching Training Clinics Attended (Other than USA Hockey / MassHockey)								
Oddining Training Chilles Attended (Other than OSA Hockey / Wasshockey)								
Why are you interested in coaching ice hockey (Explain, use back of form if necessary)?								
Each organization is required to have their coaches sign a release to allow for a criminal background								
inquiry. Should your application be considered, your assignment would be subject to your completing the								
"CORI" form.								
Applicant's Signature:								
JRFHC Coaching Application								
Email to: Coach@jrfalcons.org								
Junior Falcons Hockey Club use only – Please do not write in the space below.								
Received on:					Received by:			
Reviewed on:	Reviewed by:							
Team: Player Evals Completed 11						11		
Board Approved Team Assignment:								