



## STOUGHTON YOUTH HOCKEY ASSOCIATION

Please Return Coaching Application to: **SYHA Coaching Committee**  
**PO Box 351**  
**Stoughton, WI 53589**

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Years of Playing Experience	Years of Coaching Experience	USA Hockey Certification Number		Year Received	
EDUCATION					
High School			City & State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & Year
College			City & State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & Year
REFERENCES					
<i>Please list two references we may contact to verify your coaching experience.</i>					
Full Name				Relationship	
e-mail				Phone (    )	
Address					
Full Name				Relationship	
e-mail				Phone (    )	
Address					
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge.					
If this application leads to a Coaching Position, I understand that false or misleading information in my application or interview may result in my release.					
Signature				Date	



## Stoughton Youth Hockey Association Coaches Application

Thank you for your interest in coaching youth hockey in Stoughton. We truly appreciate your support!

I, \_\_\_\_\_, authorize and give consent for the Stoughton Youth Hockey Association to obtain information regarding myself. This includes the following:

- ♦ Criminal Background Records/Information
- ♦ Drivers License Check
- ♦ Training and Experience
- ♦ Personal References

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance to the organization's guidelines.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Social Security Number \_\_\_\_\_

The Submission of a coach's application does not guarantee a coaching position for the season. The number of coaches required, experience and references would all be considered when appointing coaches. Some coaching position assignments are dependant on which team the coach's player ends up on and will not be determined until after tryouts. SYHA reserves the right to place coaches in positions where they are most critically needed. Coaches with children who play will only be considered for teams that their kids play on unless otherwise requested by the coach.

Please complete the application on the following page and submit it to the Stoughton Youth Hockey Association by **July 31st** to be considered for a position for the 2010-2011season. Late applications will be reviewed at the discretion of the Stoughton Youth Hockey Board of Directors.

\* The Stoughton Youth Hockey Association is a member in good standing of Wisconsin Amateur Hockey Association (WAHA), an affiliate of USA Hockey. USA Hockey requires a police background check for all volunteers who work directly with children - including, but not limited to, coaches, assistant coaches, trainers and team managers.