

**CAMILLUS YOUTH HOCKEY ASSOCIATION**  
**P.O. BOX 644, CAMILLUS, NEW YORK 13031-6281**

From: \_\_\_\_\_ (Printed Applicants Name)  
To: President, Camillus Youth Hockey Association  
Via: 1. Appropriate Division Director  
2. Association Coaching Education Director

Encl: (1) Camillus Youth Hockey Association Application to Coach, 2009-2010 Season

Subj: Application to Coach

Attached is Enclosure (1), my Application to Coach at Camillus Youth Hockey Association for the 2009-2010 Season. I request that I be considered for the coaching position as indicated on the enclosure.

\_\_\_\_\_  
Signature

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**FIRST ENDORSMENT**

From: \_\_\_\_\_; Director, \_\_\_\_\_ Division  
To: President, Camillus Youth Hockey Association  
Via: Association Coaching Education Director

Subj: Application to Coach; case of \_\_\_\_\_

I have reviewed the attached documentation and made personal contact with this individual.

I (recommend/not recommend) this individual to serve as a Camillus Youth Hockey Association coach for the 2009-2010 Season as indicated upon their request.

\_\_\_\_\_  
Division Director

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**SECOND ENDORSMENT**

From: \_\_\_\_\_; Association Coaching Education Director  
To: President, Camillus Youth Hockey Association

Subj: Application to Coach; case of \_\_\_\_\_

I have reviewed the attached documentation, verified coaching credentials, and confirmed background screening for the subject applicant.

I (recommend/not recommend) this individual to serve as a Camillus Youth Hockey Association coach for the 2009-2010 Season as indicated upon their request.

\_\_\_\_\_  
Association Coaching Education Director

**CAMILLUS YOUTH HOCKEY ASSOCIATION  
P.O. BOX 644, CAMILLUS, NEW YORK 13031-6281**

**APPLICATION TO COACH**

2009-2010 Season

**COMPLETE IN A LEGABLE FASHION TO ENSURE TIMELY PROCESSING**

-If not previously submitted to CYHA during 08-09 season, attach a copy of your Volunteer Request Confirmation (Background Screening).

-Attach a photocopy of front and back of current CEP Certification Card

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

E-Mail Address\_\_\_\_\_

USA Hockey Certification Level\_\_\_\_\_ Card #\_\_\_\_\_

Do you have a child in the program?                      Yes                      No

If "yes", at what level(s)?\_\_\_\_\_

Why do you want to coach youth hockey? \_\_\_\_\_

\_\_\_\_\_

Have you ever coached in our organization before?                      Yes                      No

Have you coached for other youth sport organizations?                      Yes                      No

If "yes", what organizations?\_\_\_\_\_

Have you been the subject of disciplinary action by CYHA, or any other youth sports organization?                      Yes                      No

If "yes", explain: \_\_\_\_\_

Describe any medical or first aid certifications\_\_\_\_\_

Have you ever been convicted of a felony?                      Yes                      No

If "yes", provide the date of conviction and the specific charges imposed below.

\_\_\_\_\_

**FIRST CHOICE (Please circle only one position, one level, and one division):**

Position: Head Coach Assistant Coach

Level: Travel Snowbelt

Division: Tyke Mite Squirt Peewee Bantam Midget

Girl: 12 & Under 14 & Under 16 & Under 19 & Under

**SECOND CHOICE (Please circle only one position, one level, one and division):**

Position: Head Coach Assistant Coach

Level: Travel Snowbelt

Division: Tyke Mite Squirt Peewee Bantam Midget

Girl: 12 & Under 14 & Under 16 & Under 19 & Under

If you wish to coach at multiple divisions, provide details \_\_\_\_\_

I have read and understand the policies and procedures for coaches. If selected, I will promote the physical and mental well being of any player above any desire to win. I understand that Camillus Youth Hockey Association will be offering coaches meetings throughout the 2009-2010 Season. I will make every effort to attend those meetings.

I certify that to the best of my knowledge the information provided above is true and complete. As part of my application to coach, I give my permission for CYHA to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. This may include a review of the state sex offender registry in states where I reside or have resided. I understand that this information will be used, in part, to determine my suitability for a coaching position and that as long as I remain a coach, the criminal history records and motor vehicle driving records check may be repeated any time. Upon my request, I will have an opportunity to review any criminal history or motor vehicle driving records obtained.

I WAIVE, RELEASE, AND DISCHARGE CYHA, its leagues, teams, officers, directors, employees, volunteers, agents, and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated at any time with or without notice or cause at the option of the CYHA Board of Directors, or at my option. Also, the CYHA Board of Directors, its teams or leagues may, at their sole discretion, decline to accept my application to coach with or without cause.

In signing this application, I have read and understand the foregoing information, and I agree to the stated terms.

Name (please print - first/middle/last) \_\_\_\_\_

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

Driver License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Notes:**

1. Return completed applications to the address on the top of the first page no later than May 15, 2009 if you wish to be considered for a Head Coaches Position.
2. All other (Assistants) applications MUST be received NO LATER than 31 August 2009.
3. Applications received after deadlines will not be looked upon favorably.
4. Hard Copy of Application must be submitted – NO E-MAIL ATTACHMENTS