

CAMILLUS YOUTH HOCKEY ASSOCIATION

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

Encl: (1) Camillus Youth Hockey Association Application to Coach, 2011-2012 Season

Subj: Application to Coach

Attached is Enclosure (1), my Application to Coach at CYHA for the 2011-2012 Season. I request that I be considered for the coaching position as indicated on the enclosure.

Applicants Signature

FIRST ENDORSMENT

From: J. M. Guthrie; Association Coaching Education Director
To: President, Camillus Youth Hockey Association (CYHA)
Via: Appropriate Division Director

Subj: Application to Coach

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

The following documentation requires attention or is missing: CEP Card (Copy) Delinquent CEP CEP Level NYSAHA Screening

Provided indicated discrepancy(s) above are resolved I (recommend/not recommend) this individual to serve as a CYHA coach for the 2011-2012 Season.

Association Coaching Education Director

SECOND ENDORSMENT

From: _____; Director, _____ Division
To: President, Camillus Youth Hockey Association (CYHA)

Subj: Application to Coach

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

I (recommend/not recommend) this individual to serve as a CYHA coach for the 2011-2012 Season as indicated upon their request.

Division Director

CAMILLUS YOUTH HOCKEY ASSOCIATION

APPLICATION TO COACH

2011-2012 Season

COMPLETE IN A LEGABLE FASHION TO ENSURE TIMELY PROCESSING

1. If not previously submitted to CYHA during 08-09 - 10-11 seasons, please attach a copy of your Volunteer Request Confirmation (Background Screening Receipt).

2. 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 # _____

NYSAHA Screening: Date _____ Receipt # _____

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 2011-2012 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 at 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.

I understand that the 2011-2012 is the inaugural season for USA Hockey American Development Method (ADM). Accordingly, I understand that CYHA will be conforming to this program and that all CYHA coaches are expected to familiarize themselves with, and adhere to all requirements of this program. This will include the submission of practice plans prior to each practice to facilitate implementation and ensure uniformity of the ADM program.

I understand that I am required to have an initial background screening conducted by NYSAHA and that this background screening will be conducted on a triennial basis.

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 following address **NO LATER THAN** May 11, 2011 if you wish to be considered for a Head Coaches Position.

**J. M. Guthrie
Attn: CYHA Coaching Selection
104 Merriwether Dr.
Syracuse, NY 13219**

2. All other (Assistants) applications **MUST** be received at the same address **NO LATER THAN** 31 August 2011.
3. Applications received after deadlines will not be looked upon favorably.
4. Hard Copy of this Application must be submitted with all appropriate documentation – NO E-MAIL ATTACHMENTS