

**CLARENCE HOCKEY CLUB**  
**COACHING APPLICATION**



The Clarence Hockey Club Board Members are currently accepting application from persons interested in **Coaching Positions** for the current hockey season. If you are interested in applying, please complete the following application and return it to the Clarence Hockey Club by email to the attention of Joe Heim at [clarencemodifiedhockey@gmail.com](mailto:clarencemodifiedhockey@gmail.com)

The Coaching Selection Committee will review all applications received prior to the beginning of each hockey season (August for JV, February for Modified).

First Name:	
Last Name	
Current Address:	
City, State, Zip	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	
E-Mail Address:	
Date of Birth:	

1. Indicate the Coaching position(s) you are applying for. You may apply for a maximum of one (1) Head Coaching position.

School	Level	Team	Head Coach	Assistant
Clarence Middle School	Modified Hockey Club	Clarence Red (AAA)		
Clarence Middle School	Modified Hockey Club	Clarence White (AA)		

Coaches need to be at least USA Hockey Level 1 certified this season and have completed the USA Hockey Bantam or higher module. Coaches will also need to complete the AAU Positive Coaching Alliance on-line course. Level 4 or higher coaches do not need the USA Hockey module for AAU coaching, but still needs the AAU PCA course. Waives are granted to 1<sup>st</sup> time coaches.

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2. Have you attended any USA Hockey Coaching Achievement Clinics? If so, When and Where?

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3. What certification level(s) have you achieved:

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4. Past coaching experience (indicate what capacity, for example head coach, assistant coach, manager, etc.)

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- b. 

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- c. 

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- d. 

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- e. 

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5. Have you ever received a major misconduct penalty where you as a coach were required to appear before a hockey hearing of some type? If so, give the date and explain:

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6. Have you been subject to any disciplinary proceedings in any other hockey association or been requested to leave an association as a coach? If so, please explain:

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7. Please add any other information you would like the Board Members to consider regarding your application.

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8. Do you have child/children in the age division(s) that you were applying for as a coach?  
YES \_\_\_\_\_ NO \_\_\_\_\_

9. If yes, please provide their birth date(s), month/day/year:

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As a Coach I will familiarize myself with and attempt to at all times adhere to the “USA Hockey Coaches Code of Conduct.”

As a Clarence Hockey Club Coach, I will be responsible for conducting myself as a positive role model for those players selected or drafted to the team I am assigned to coach. As a role model and positive influence, I will accept responsibility for not only my behavior and conduct but also the conduct of my assistant coaches, managers, players and parents.

I further understand that all Clarence Hockey Club Coaches are appointed by the Clarence Hockey Club Board Members and that Coach Positions are at all times, “at will.” I further understand that this is a volunteer position and that I will not receive monetary compensation or any other remuneration or fringe benefit for serving in this position.

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I also acknowledge that inappropriate behavior of the coach or members of his or her staff could result in disciplinary action by the Clarence Hockey Club Board Members who have the authority to remove the Head Coach, Assistant Coaches and Manger at any time if it is determine to be in the best interest of the Clarence Hockey Club and its members.

I certify that all the information I have provided is true and accurate to the best of my knowledge. I also understand that providing false or inaccurate information in this application will disqualify me from further consideration as a coaching staff candidate or will result in my immediate dismissal if named to a coaching position.

]I certify that if chosen, I will have to attend USA Hockey and AAU coaching classes to obtain the proper level card if not done so already.

By my signature below, I authorize the Clarence Hockey Club to investigate all information regarding my background in considering of this application, I hereby waive, release and forever discharge the Clarence Hockey Club, it officers, director and member form any liability for damages that may result from compliance with this authorization.

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

Date \_\_\_\_\_