

Bremerton Ice Arena/Kitsap County Hockey Association

1950 Homer Jones Drive Bremerton, WA 98310

Phone: (360) 479-RINK Fax: (360)479-9028

Coach's Application

Name: _____

DOB: _____ Season Applying for _____.

Address: _____

City: _____ Zip: _____

Phone: (Res.) _____ (Bus.) _____

TEAM SELECTION (Fill in category: Initiation Program, Mite, Squirt, Squirt All Stars, Pee Wee,

Bantam, Bantam All Stars, Midget, Midget B/TIER II)

First Choice: _____ Second: _____

Head Coach Applicants-

Do you have an assistant coach that you already plan on utilizing?

Yes No

Yes, Who _____

If these choices are not available are you willing to accept a different position?

Yes No

USA HOCKEY COACHING CERTIFICATION (Check all applicable levels)

CEP Level Year Attained

1 (Initiation) _____

2 (Associate) _____

3 (Intermediate) _____

4 (Advanced) _____

5 (Master) _____



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PREVIOUS EXPERIENCE

(Fill in Year below	Team/Association	Age Lvl	Position
--	_____	_____	_____
--	_____	_____	_____
--	_____	_____	_____

COACHING RESUME

Please attach your personal resume, reflecting your coaching experiences and any other information which is not detailed in this application (i.e. employment, playing experience, other interests, etc.) Include detailed information on all members of your intended coaching staff.

What is your coaching philosophy? (Attach sheet if necessary) _____

What is the anticipated role of your co-coaches, assistants, managers, and trainers? _____

What are your team initiatives, objections, and goals? _____

Any Additional information that you may feel is important that you would like to add:



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REFERENCES (i.e. player 12 & over, parent, professional)

Name: _____

Address: _____

City: _____ Zip: _____

Phone: (Res.) _____ (Bus.) _____

Name: _____

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Name: _____

Address: _____

City: _____ Zip: _____

Phone: (Res.) _____ (Bus.) _____

NOTE-

The Bremerton Ice Skating Center reserves the right to conduct a background investigation on all coaches, assistant coach's, and parent volunteers per USA Hockey screening policy. By signing below you are giving the Bremerton Ice Skating Center the right to have a background investigation completed through the Washington State Patrol.

If Selected as a Youth Hockey coach you must get a national background investigation completed by PNAHA paid for by the applicant prior to any team function.

Date: _____

Printed Name: _____

Signature: _____

