



**Northern Kentucky Youth  
Hockey Association**

**Coaching Application**

<b>Date:</b>	/	/
<b>New Application:</b>	<input type="checkbox"/>	
<b>Renewal Application:</b>	<input type="checkbox"/>	

<b>Name (Please Print):</b>			
<b>Street Address:</b>			
<b>City, State, Zip Code:</b>			
<b>Email Address:</b>			
<b>Telephone (Home):</b>	( )	<b>Date of Birth:</b>	/ /
<b>Current Employer:</b>			
<b>Employer St. Address:</b>			
<b>City, State, Zip Code:</b>			
<b>Telephone (Work):</b>	( )		

<b>Age Group Your Interested in Coaching:</b>	<input type="checkbox"/> Tyke <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> Peewee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget		
<b>Competitive Level Desired</b>	<input type="checkbox"/> House (Developmental) <input type="checkbox"/> Travel (Competitive)		
<b>Coaching Level Desired:</b>	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach		
<b>USA Hockey Coaching Education Program (CEP):</b>	<b>Level Completed</b>		<b>Year Completed</b>
	<input type="checkbox"/>	Level 1 – Initiation	
	<input type="checkbox"/>	Level 2 - Associate	
	<input type="checkbox"/>	Level 3 - Intermediate	
	<input type="checkbox"/>	Level 4 - Advanced	
<b>CEP Card Number:</b>	<input type="checkbox"/>	Level 5 - Masters	

<b>List Past Coaching or Volunteer Experience:</b>	<b>Organization/Sport or Community/Charity Org</b>	<b>Number of Years</b>	<b>Player Age Level (if applicable)</b>

<b>List Past Playing Experience:</b>	<b>Organization/School</b>	<b>Number of Years</b>

**List coaching clinics or applicable training attended (Other than USA Hockey):**

**Why are you interested in coaching ice hockey (Explain)?**

**Describe your coaching philosophy and approach:**

**Are you currently under any type of suspension by USA Hockey, a local affiliate or league? If yes, please explain.**

Yes  
 No

Explanation:

**Have any complaints ever been made against you in your capacity as a volunteer that you sexually, physically or emotionally abused a minor? If yes, please explain.**

Yes  
 No

Explanation:

**Do you have a history of any behavior that might make you a danger to any child, youth, adolescent in this hockey program? If yes, please explain.**

Yes  
 No

Explanation:

**List Personal References;**

**Name**

**Phone Number**

**Send this application to; NKYHA, Attn: Coaching & Education Director  
P. O. Box 17384, Ft. Mitchell, KY 41017**

I certify that all the information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are sufficient cause for my not being accepted as a coach or volunteer. I understand that I am required to complete USA Hockey's background and screening process prior to participation in the association as a coach or volunteer.

**Applicant's Signature:**

**Date:**