

PORT HURON HOCKEY ASSOCIATION

COACHING APPLICATION / RESUME

NAME: _____ PH# _____ HOME: () _____
 ADDRESS: _____ WORK: () _____
 CITY: _____ E-MAIL: _____

PLEASE CHECK ALL ITEMS THAT APPLY:						
COACHING CARD		COACHING EXPERIENCE				
			HEAD	ASST.	TRAVEL	HOUSE
ASSOCIATE	<input type="checkbox"/>	IP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERMEDIATE	<input type="checkbox"/>	TOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADVANCED	<input type="checkbox"/>	MINI MITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MASTER	<input type="checkbox"/>	MITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IP CLINIC	<input type="checkbox"/>	SQUIRT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I PLAN TO GET MY CARD AT AN USA HOCKEY CLINIC</i>	<input type="checkbox"/>	PEEWEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BANTAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		MIDGET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AT WHAT LEVEL(S) ARE YOU INTERESTED IN COACHING? _____

IN WHAT CAPACITY ? _____ **(HEAD/ASST.)**

OPTIONAL RESPONSE

PLEASE SHARE ANY SPECIAL SKILLS YOU HAVE IN WORKING WITH CHILDREN/YOUNG ADULTS.

PLEASE SHARE ANY SUCCESSES / LEARNING EXPERIENCES YOU'VE HAD AS A COACH.