

Plymouth Hockey Association

Coaching Application

2018-2019 Season

The Plymouth Hockey Association Board of Directors is currently accepting applications from persons interested in Head Coaching Positions for the 2018-2019 hockey season. If you are interested in applying, please complete the following three page application and return it to the Hockey Operations office located at the Plymouth Cultural Center, or the address listed below, **no later than Wednesday, January 31, 2018.**

PHA ó Plymouth Cultural Center
525 Farmer Street
Plymouth, MI 48170-1392

The Coaching Selection Committee will review all applications received by the above deadline prior to the beginning of March.

Name: _____

Current Address: _____
(Address, street)

(City) (State) (Zip)

How long have you lived at this address? _____

List other States in which you have lived within the last 10 years: _____

Phone numbers: Home: _____ Work/Cell: _____

E-Mail Address: _____ Date of Birth: _____

(Note: Social security number and/or driver's license number may be requested by PHA. All coaches must pass a background check initiated at the request of MAHA prior to being added to a team roster.)

Indicate the Head Coaching position(s) for which you wish to be considered. You may apply for a maximum of two (2) Head Coaching positions. Note: Level A and AA applicants should submit applications for all Assistant Coaches, if known, with the Head Coach Application.

Division	First Choice			Second Choice		
	House	A	AA	House	A	AA
Cross Ice 6U ('12, '13)						
Cross Ice 8U ('10, '11)						
10U ('08, '09)						
12U ('06, '07)						
14U ('04, '05)						
16U ('02, '03)						
18U ('00, '01)						

Have you attended any USA Hockey Coaching Education Program Clinics? _____

If so, what certification level(s) have you achieved: _____

Past coaching experience. Indicate in what capacity (i.e., head coach, assistant coach):

Year	Association	Division	League	Capacity
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____

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: _____

Have you ever 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: _____

PHA ice hours are weekday evenings, Saturdays and Sundays. Will your job or other commitments interfere with coaching responsibilities? _____ If so, please explain: _____

Please add any other information you would like to have consider regarding your application. Attachments are welcomed.

Do you have a child / children in the age division(s) for which you are applying as a coach?

Circle: Yes No

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

If yes, were they members of the PHA for the 2017-2018 Season?

Circle: Yes No

As a Head coach I will familiarize myself with, and attempt to at all times adhere to, the ðUSA Hockey Coaches Code of Conduct.

As a PHA Head 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 understand that all PHA Head Coaches are appointed by the PHA Board of Directors and that Head 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.

I acknowledge that inappropriate behavior of the coach or members of his or her staff could result in disciplinary action by the PHA Board of Directors who have the authority to remove the Head Coach, Assistant Coaches and Manager at any time, if it is determined to be in the best interest of the PHA 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.

By my signature below, I authorize the Plymouth Hockey Association to investigate all information regarding my background in consideration of this application. I hereby waive, release and forever discharge the Plymouth Hockey Association, its officers, directors and members from any liability for damages that may result from compliance with this authorization.

Applicant Signature

Date