

# 2010-11 Huron Hockey Association / Coaches Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ E-mail \_\_\_\_\_

## **Which level of HHA would you be interested in coaching at?**

**Please indicate what preference you would have with 1 being the most preferred:**

Termite	Head coach (volunteer) _____	Assistant coach (volunteer) _____
Mite	Head coach (volunteer) _____	Assistant coach (volunteer) _____
Squirt	Head coach (volunteer) _____	Assistant coach (volunteer) _____
Pee Wee C	Head coach (paid) _____	Assistant coach (paid) _____
Pee Wee B	Head coach (paid) _____	Assistant coach (paid) _____
Bantam C	Head coach (paid) _____	Assistant coach (paid) _____
Bantam B	Head coach (paid) _____	Assistant coach (paid) _____
Girls U-14	Head coach (paid) _____	Assistant coach (paid) _____
Girls U-19	Head coach (paid) _____	Assistant coach (paid) _____
JV-Boys	Head coach (paid) _____	Assistant coach (paid) _____
Varsity-Boys	Head coach (paid) _____	Assistant coach (paid) _____

## **Please complete the next 2 If you did not coach for Huron Hockey last year.**

Please list your previous Hockey COACHING EXPERIENCE: Attach Resume if available

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list your previous Hockey PLAYING Experience/Achievements:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **References:** (Everyone needs to complete)

List two (2) non-relatives who are familiar with your qualifications and ability

Name	Relationship	Years Known	Phone # (if available)
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Have you ever been convicted of a felony? Yes or No (please circle one)

If yes, please brief an explanation \_\_\_\_\_  
\_\_\_\_\_

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## **USA Hockey requires random background checks. Will you submit to this check?**

Yes or No (Circle one)

## **HHA has a Volunteer Drug testing program. Would you be willing to be tested if asked?**

Yes or No (Circle One)

I certify that all answers and statements I have made on this application and resume or other supplementary materials are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or immediate discharge if I am contracted. I authorize any of the persons or organizations named in this application to give you complete information and records regarding employment, education, character or qualifications.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail or return application to: HHA - P.O. Box 770 - Huron, SD 57350

Please email any questions to [huronallstars@santel.net](mailto:huronallstars@santel.net).