

Westmoreland Hockey Association Coaching Application/Resume

APPLICATION

MARK DESIRED POSTION FOR UPCOMING SEASON:

PAHL BOYS: Mites: ___ Squirts: ___ Peewees: ___ Bantams: ___ Midgets ___
POSITION: Head Coach: ___ Assistant Coach: ___

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

EXPERIENCE

ICE HOCKEY COACHING EXPERIENCE:

	Association/School	Level	Division	Position	Years
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

COACHING CERTIFICATION & CLINICS COMPLETED:

___ USA Hockey Level I – I.P. Year _____
___ USA Hockey Level II – Associate Year _____
___ USA Hockey Level III – Intermediate Year _____
___ USA Hockey Level IV – Advanced Year _____
___ USA Hockey Level V – Masters Year _____
___ Other – Please Detail: _____

SIGNATURE _____

DATE _____

Please include a copy of your Coaching Card, IMR & Mid-Am background screening when submitting the coaching application.

E-mail the application & additional documents to coachescoordinator@westmorelandhockey.com or
Mail the application & additional documents to:



Westmoreland Hockey Association
Attention: Coaching Coordinator
PO Box 3033
Greensburg, PA 15601

