



**COACH'S APPLICATION
VALLEY OF THE SUN HOCKEY ASSOCIATION (VOSHA)**

APPLICANT: (Please complete **all** spaces. Please print legibly.)

I, _____, **HEREBY** formally apply for the position of:

Head Coach _____ Assistant Coach _____ Level: House _____ Select _____ Travel _____

Division: Mini Mite _____ Mite _____ Squirt _____ Pee Wee _____ Bantam _____ Midget _____

Name: _____ DOB: _____ Age: _____

Social Security Number: _____ - _____ - _____

Permanent Residence:

Address:

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Fax#: _____ Occupation: _____

Participating child (write none if none):

Name _____ Birth date _____ Division _____

Previous Address (If at current address less than 5 years):

City: _____ State: _____ Zip: _____

Driver's License #: _____

State: _____

Previous Coaching Experience:

Previous Hockey Experience:

USA Hockey Certification Level: _____ Associate _____ Intermediate _____ Advanced
_____ Other _____

PERSONAL INFORMATION

PLEASE COMPLETE THE FOLLOWING: **You must answer ALL questions.** If the answer to any question is or was “YES”, please describe below, **IN DETAIL**, the charges and legal resolution. (Use additional pages if necessary!)

Have you ever been arrested, charged or convicted of any of the following: (Circle “Yes” or “No”) (This list is representative only. There may be other offenses which are of concern to VOSHA and which may cause a rejection of this application).

Assault	Yes	No	Aggravated Assault	Yes	No
Child Abuse	Yes	No	Child Sexual Abuse	Yes	No
Forcible Sexual Abuse	Yes	No	Rape	Yes	No
Possession of Controlled Substance			Aggravated Rape	Yes	No
With Intent to Distribute	Yes	No	Homicide/Negligent	Yes	No
Distribution of Controlled Substance	Yes	No	Homicide	Yes	No
Child Abuse Homicide	Yes	No	Kidnapping	Yes	No
Abuse or Neglect of a Disabled Child	Yes	No	Aggravated Kidnapping	Yes	No
Child Kidnapping	Yes	No	Rape of a Child	Yes	No
Aggravated Sexual Abuse of a Child	Yes	No	Sale of a Child	Yes	No
Object Rape of a Child	Yes	No	Custodial Interference	Yes	No
Dealing in Material Harmful to a Minor	Yes	No	Sodomy of a Child	Yes	No
Sexual Exploitation of a Child	Yes	No	Assault/Battery on a		
Assault/Battery on a Mentally Retarded			Minor Child	Yes	No
Person	Yes	No			
Intent to Commit any of the above					
Crimes	Yes	No			

Have you been arrested, charged or convicted of any of the following within the last five (5) years:

Driving Under the Influence of Alcohol	Yes	No
Alcohol-Related Reckless Driving	Yes	No
Furnishing Alcohol or Tobacco to a Minor	Yes	No
Possession of a Controlled Substance	Yes	No
Possession of Drug Paraphernalia	Yes	No

- Do you currently or have you in the past 10 years used illegal drugs?Yes No
- Are you currently on probation for any crime?.....Yes No
- Is your driver’s license currently suspended or revoked?Yes No
- Has your driver’s license ever been suspended or revoked?Yes No
- Do you have any medical or psychological condition which might cause you to be unable to control yourself while supervising children? Yes No
- Have you ever been released or removed from any position in which you were acting as a coach or other volunteer in which children were under your supervision? ...Yes No
- Are you currently taking any medication which may effect your abilities to act responsibly and remain under control in a role involving supervision of children? ... Yes No
- Have you ever abused a cohabitant or violated a protective order? Yes No

If the answer to any of the above is yes, please provide a detailed explanation below. (Use additional pages if necessary)

Is there any fact or circumstance involving you or your background that could call into question your being entrusted with the supervision, guidance, and care of minor children?

REFERENCES

(Please list those, not family members, who are familiar with your character as it relates to working with youth. References may be checked)

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

I have been known by the following names or aliases, (other than that listed as my primary name on this application):

The information that I have provided may be verified, and I give permission to valley of the Sun Hockey Association to make inquiry of others concerning my serving as a volunteer within this organization. I understand that I may be required to be fingerprinted for the purpose of a background check. I understand that my volunteering for Valley of the Sun Hockey Association is an arrangement that may be terminated at any time without cause by either party. I understand that the information on this form is the property of the Valley of the Sun Hockey Association.

I affirm that I have read the above and that the information I have given is true and complete. I affirm that I have read the USA Hockey Coaches Code of Conduct (available in the USA Hockey Annual Guide at www.usahockey.com/news/agindex.htm, click on This is USA Hockey).

Coaches Name (print)

Signature and date

Mail application to: VOSHA, P.O. Box 97983, Phoenix, Arizona 85060 or call 623-925-9686 for faxing instructions.