

# DELCO PHANTOMS COACHING APPLICATION 2018-2019

APPLICANT INFORMATION		
Name:		
Date of birth:	Cell:	Email:
Current address:		
City:	State:	Zip Code:
Applying for: Head Coach Assistant Coach	Returning Phantoms Coach: Yes No	Previous Team:
COACHING CREDENTIAL INFORMATION		
2018-2019 USA Hockey #:		
Last Age Specific USA Hockey Module Completed – circle one: 8U 10U 12U 14U 16U 18U		
CEP #:		Level: 1 2 3 4 5
CEP Expiration Date:	Safe Sport Completed: Yes No	Date of completed Safe Sport:
COACHES CLEARANCE/SCREENING INFORMATION		
PA Act 153 Screenings - For each clearance below please provide the full date each screening was completed.		
Pennsylvania Child Abuse History Clearance:		
Pennsylvania State Police Criminal Record Check:		
Federal Bureau of Investigation Background Check:		
Verified Volunteers (AAHA):		
Signed 2018-2019 DVHL Code of Conduct attached to application: Yes No		
LEVEL APPLYING FOR		
Please circle below to indicate the age level you are applying for.		
Mite 8U Squirt 10U Pee Wee 12U Bantam 14U Midget 16U Midget 18U		
Do you have a child/children who will be playing for the Delco Phantoms this season? Yes No		
If yes, please indicate level of play:		
QUALIFICATIONS /EXPERIENCE		
Number of years experience as a head coach of a youth athletic sports team -	Sport/team name:	
Number of years experience as an assistant coach of a youth athletic sports team -	Sport/team name:	
Did you play ice hockey as a youth? If yes, please indicate bracket/level -		
Did you play collegiate ice hockey? If yes, please provide name of school and level -		
REFERENCES		
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

**All new and returning coaches and assistant coaches must complete the Delco Phantoms Coaching Application.**

Application must include all required coaching credential and screening information. Any potential new or returning coach or assistant coach without the proper credential and screening information will not be considered for a coaching position.

Application must include 2018-2019 USA Hockey confirmation number.

2018-2019 signed DVHL Code of Conduct must accompany application.

All potential new or returning head coaches must complete the Delco Phantoms coaching application no less than one (1) week prior to Delco Phantoms Evaluations.

All paperwork must be emailed to [gm@delcophantoms.org](mailto:gm@delcophantoms.org)

**DELCO PHANTOMS COACHING APPLICATION 2018-2019**

**Applicant's Statement, Authorization and Release of Liability**

I hereby certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process will be sufficient cause for my not being accepted as a coach, or for my dismissal no matter when discovered.

I authorize DELCO PHANTOMS to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give DELCO PHANTOMS any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they may have about me. In consideration of the evaluation of this application by DELCO PHANTOMS, I hereby waive, release and discharge DELCO PHANTOMS, USA Hockey, the DVHL, all employers, organizations, and individuals, and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this.

Delco Phantoms Youth Hockey Club -- COACHING APPLICATION I acknowledge that I am subject to a criminal background check to be done by the USA Hockey, the Atlantic Amateur Hockey Association and the Delaware Valley Hockey League which DELCO PHANTOMS are affiliated. I further acknowledge that I must meet the minimum coaching requirements as set forth by USA Hockey (and DVHL and DELCO PHANTOMS, as applicable) to be considered for any coaching position with the DELCO PHANTOMS.

Signature of applicant:	Date:
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