

## Buffalo Wings Hockey League – Coaches Application 2011 Season

All Buffalo Wings coaches are responsible for team administration, including, contacting players, managing rosters and coordinating gameplay. If a coach cannot be present at a scheduled game or practice, it is his/her responsibility to find a replacement.

Note to applicants: Please complete the application in full and fax (716) 634-6714 or email [Eric@BuffaloWingsHockey.com](mailto:Eric@BuffaloWingsHockey.com)

Deadline: for applications: May 1st, 2011

Team Applying for (10u, 12u, 14u, ) \_\_\_\_\_

### Applicant's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

HomeTel: \_\_\_\_\_

Bus Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

USA Hockey Coaches Number: (Do not have to obtain until position is secure)

# \_\_\_\_\_

Coaching Experience (Please list the teams, organizations, levels, and seasons from the most recent):

Both Inline Hockey and Ice Hockey

Year Organization Team A/AA/AAA, BWRHL Coach? Ice Hockey Coach?

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Please answer the following questions:

1. Describe your coaching style.

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2. What are your strengths and weaknesses?

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3. Based on your knowledge of the team, who do expect to include on your support staff?

Manager: \_\_\_\_\_

Ass't Coach: \_\_\_\_\_

Ass't Coach: \_\_\_\_\_

4. Why do you want to coach this team?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

List three references: i.e. player 12 and over, parent, professional.

Name	Address	Phone	Mobile
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Authorization for Collection of Information**

I \_\_\_\_\_ authorize Buffalo Wings Roller Hockey to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant Organizations in order to obtain an appropriate volunteer position.

\_\_\_\_\_ Name \_\_\_\_\_

Day/Month/Year

Signature \_\_\_\_\_

**COACHING AGREEMENT**

I understand that each player, parent, coach, and executive is an integral part of Buffalo Wings Roller Hockey.

I understand that by not supporting the program and the goals of the League it could result in my suspension or expulsion.

I understand that "Player Development" is a priority for the League, and I support this belief.

I agree to attend all coach's meetings, and will send a replacement if I am unable to attend.

I agree to actively participate in all development sessions.

I agree to provide a detailed Seasonal Plan, including budget prior to the commencement of the season

I agree to provide the best program I can for my players.

I agree to a totally open and fair tryout for all eligible players.

Coach: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Once application is received, it will be reviewed and a Buffalo Wings staff member will contact you for an interview.**