



WNY Roller Hockey League – Coach Selection Application (House League and Travel Teams)

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

Applicant's Name: _____

Address: _____

Contact Information

Home: _____

Bus: _____

Fax: _____

Email: _____

Mobile: _____

Team Applying for (8u, 10u, 12u, 14u, 16u, 18u, 21u, Adult, Womens): _____

2nd Choice: _____

If this selection was unavailable, would you accept a different position? Y ___ N ___

USA Hockey Coaches Number: (If Applicable) All Coaches will need to purchase WNY Roller Hockey Membership (\$30)

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, WNYRHL Coach? Ice Hockey Coach?

Please answer the following questions:

1. Describe your coaching style.

2. What are your strengths and weaknesses?

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

Manager: _____
Ass't Coach: _____
Ass't Coach: _____
Ass't Manager: _____
Trainer: _____

4. Why do you want to coach this team?

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 WNY 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: _____

Signature: _____

Date: _____

Witness: _____

Signature: _____

References:

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

Name: _____

Address: _____

Phone: _____ (Mobile) _____

Name: _____

Address: _____

Phone: _____ (Mobile) _____

Name: _____

Address: _____

Phone: _____ (Mobile) _____

***Once application is received, it will be reviewed and a WNY Roller Hockey staff member will contact you for an interview.**