

Bethlehem Blast Youth Hockey Parent Coordinator Application 2007-2008

We need to begin planning for the upcoming season! The first crucial piece of information is to start recruiting those vital people who will support our coaches' efforts and manage the organizations relationship with our players and families. *Please understand that no position is automatic.* All applications will receive equal consideration based on their own merit and the results of the selection process. We therefore ask that you complete both the primary and secondary choice sections.

The Bethlehem Blast Youth Hockey organization works hard to ensure a positive hockey experience for all players by providing the best staff possible to meet the needs of today's athletes.

Name:	Address:
City:	State: Zip Code:
Home Phone:	Cell Phone:
Email address:	Fax:

Level interested in being the Parent Coordinator? (please check one):

Mites	<input type="checkbox"/>	Squirts	<input type="checkbox"/>	PeeWees	<input type="checkbox"/>	Bantams	<input type="checkbox"/>	Midgets	<input type="checkbox"/>	Juniors	<input type="checkbox"/>	Girls	<input type="checkbox"/>
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Which position are you applying for? (please check one):

Parent Coordinator	<input type="checkbox"/>	Assistant Parent Coordinator	<input type="checkbox"/>
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Please list any previous experience that will be an asset as a *Parent Coordinator*:

___ None

Are you willing to work with and take direction from the Head Coach and Blast Board? (please check one)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you willing to attend required Blast *Coordinator* meetings? (please check one)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you willing to attend required DVHL *Parent Coordinator* meetings? (please check one)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you willing to accept the Bethlehem Blast Youth Hockey policies as stated in our by-laws? (please check one)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Briefly describe your coordinating philosophy:

References:

Please provide 2 (two) hockey-related references that can be contacted by the Vice President of Administration:

1. **Name:** _____
Phone / E-mail: _____
Relationship to applicant: _____
2. **Name:** _____
Phone / E-mail: _____
Relationship to applicant: _____

Additional Comments: (please attach additional sheet if needed)

Background information:

Have you ever been convicted, plead guilty to or pleaded no contest to a crime in the last 7 years other than a misdemeanor traffic violation? If yes, please list:

Conviction of a crime doesn't automatically disqualify you from a Parent Coordinator position.

I agree to abide by all rules, policies, and procedures set forth by Thunder Youth Hockey, Inc. (dba: Bethlehem Blast), Delaware Valley Hockey League, Atlantic District, and USA Hockey, Inc., as well all applicable ethics codes. I agree to allow the Bethlehem Blast to perform a background check regarding criminal history. All information obtained will be kept confidential.

Applicant Signature:

Signed: _____ **Date:** _____

Bethlehem Blast is a proud member of the Delaware Valley Hockey League
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Thank you for taking the time to fill out this application. Return completed application form as soon as possible to:

Amy Spease
2087 Fieldstone Dr.
Bethlehem, PA 18015

Or
Drop the application in the Blast Box behind the counter of the Steel Ice Center