

**BETHLEHEM BLAST® Youth Hockey  
Team Manager Application  
2009-10 Season**

We need to begin planning for the upcoming season! A crucial step is to start recruiting those vital people who will support our coaches' efforts and manage the organization's 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 the primary and secondary choice selections.

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.

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Email (primary):</b>		<b>Email (secondary):</b>	

**Age Level of interest for Team Manager (please check one):**

Mite	<input type="checkbox"/>	Squirt	<input type="checkbox"/>	PeeWee	<input type="checkbox"/>	Bantam	<input type="checkbox"/>	Midget	<input type="checkbox"/>	Girls	<input type="checkbox"/>
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**Volunteer position being applied for (please check one):**

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

None \_\_\_\_\_

**Experience:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**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 Team Manager meetings? (please check one):**

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Are you willing to accept and follow the BETHLEHEM BLAST policies as stated in our bylaws? (please check one):**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Briefly describe your “philosophy” on managing a youth hockey team:**

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**References:**

**Please provide two (2) hockey-related references who can be contacted by the BLAST V.P., Administration:**

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Additional Comments: (please attach additional sheet if needed)**

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**Background Information:**

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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*Conviction of a crime does not automatically disqualify you from a Team Manager position. All candidates will be required to undergo a PA State Police criminal background check before being named a BLAST Team Manager.*

**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 as 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. All information about me contained in this application is accurate and true.**

**Applicant Signature:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The BETHLEHEM BLAST® is a proud member of the Delaware Valley Hockey League (DVHL)  
Thunder Youth Hockey, Inc. © 2009

Thank you for taking time to fill out this application and for volunteering to help the BLAST. Please return the completed application as soon as possible to:

Amy Spease  
2087 Fieldstone Dr.  
Bethlehem, PA 18015

Or, drop it off at the BLAST office at the Steel Ice Center in Bethlehem, PA