

**2006-07 Fargo All City Hockey Association  
Coordinator/Coaches Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Which level of **FACHA** would you be interested in coaching at? Please indicate what preference you would have with 1 being the most preferred:

**Mite/Termite City Teams** – 3-4 hours per week, do not play or practice out side the city of Fargo  
**Mite/U8/U10/U12/U16 Travel Team** – 3-4 hours per week and travel games with surrounding communities.

Mite City Team (co-ed)	Head Coach (paid) _____	Assistant Coach (volunteer) _____
Mite Tourney Team (co-ed)	Head Coach (paid) _____	Assistant Coach (paid) _____
Termite City Team (co-ed)	Head Coach (volunteer) _____	Assistant Coach (volunteer) _____
U8 Team (all girls)	Head Coach (paid) _____	Assistant Coach (paid) _____
U10 Team (all girls)	Head Coach (paid) _____	Assistant Coach (paid) _____
U12 Team (all girls)	Head Coach (paid) _____	Assistant Coach (paid) _____
U16 team (all girls)	Head Coach (paid) _____	Assistant Coach (paid) _____
<b><u>Administrative</u></b>	Coordinator _____	(Paid Position)
<b><u>Hockey</u></b>	Coordinator _____	(Paid Position)
<b><u>Termite/Mite</u></b>	Coordinator _____	(Paid Positions)

Please list your previous Hockey **Coaching** Experience/Achievements: **Attach Resume if available**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list your previous Hockey **Playing** Experience/Achievements:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

References: List two (2) non-relatives who are familiar with your qualifications and ability

Name	Relationship	Years Known	phone # (if available)
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Have you been convicted of a felony? **Yes or No** (please circle one)

If yes please brief an explanation \_\_\_\_\_

**USA Hockey** requires random background checks – Will you submit to this check? **Yes or No** (Circle One)

I certify that all answers and statements I have made on this application and resume or other supplementary materials are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or immediate discharge if I am contracted. I authorize any of the persons or organizations named in this application to give you complete information and records regarding employment, education character or qualifications

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or return application to:

**FACYH**  
**C/O Wade Storey**  
**1660 American Way**  
**Fargo, ND 58103**

OR

**Fax To:**  
**1-701-232-0915**