



Chicago Blackhawks Special Hockey Jr. Coaching Application

Name: _____

Sex: _____ Address: _____

Date of Birth: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____

Parent Names: _____

E-Mail Address (Parents preferred): _____

Ice Hockey experience _____ Yrs

Name of Current Team & Position _____

How did you hear about Chicago Blackhawks Special Hockey?

Do you drive? How would you get to practices and events? _____

What experience do you have working with developmentally disabled individuals?

Why do you want to volunteer? _____

List other activities or achievements and any other coaching or peer mentoring

experience. _____

Please remit application to Lisa Steinberger 11S341 Oakwood Avenue, Lemont, IL 60439 or email to:
ljonzy65@yahoo.com