



# 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 Melanie Freeman at [mfreeman@chicagospecialhockey.com](mailto:mfreeman@chicagospecialhockey.com)