



**Charlotte County Minor Hockey Association  
Coaches Application Form 2017-18**

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

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Pager \_\_\_\_\_

Other \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Preferred Coaching Assignment**

*Check applicable level and position*

DIVISION	HEAD COACH	ASSIST. COACH
Initiation		
Novice		
Atom		
Pee Wee		
Bantam		
Midget		

If this choice was unavailable, would you accept a different position? \_\_\_\_\_

Please identify by marking 2<sup>nd</sup> in the level and position of interest

Do you have a child in this division / level? \_\_\_\_\_

NCCP – Level	YEAR COMPLETED	LOCATION
Initiation Program		
Coach Stream		
Developmental 1 or 2		
Speak Out		

*Please attach photocopies of your noted coaching certifications if possible*

## Other Coaching Courses or Training Activities

### Coaching Experience

Please attach your coaching resume to this document or complete the following:

**Hockey** (list in order, starting with most recent)

YEAR	ASSOCIATION AND TEAM	AGE GROUP	POSITION

### Coaching References

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Undertakings

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of Hockey Canada, HNB, CCMHA. I agree to carry out and abide by their constitutions, bylaws, rules, and regulations. I further agree that, should I act in contrary to these constitutions, bylaws, rules, and regulations, I may be relieved of my coaching responsibilities at the discretion of the CCMHA Executive Committee.
3. I hereby agree that, as part of the process to become a coach for CCMHA, I will adhere to the coaches "Code of Conduct" agreement and I further agree that I will abide by the principles and conduct described therein. I further agree that, should I not abide by the principles and conduct described therein, I may be relieved of my coaching responsibilities at the discretion of the CCMHA Executive Committee.
4. I hereby agree to familiarize myself with the requirements for coaching minor hockey and will ensure that I meet the required level of certification/training.
5. By way of this application, I give permission to CCMHA to contact my coaching references and to conduct a background check on me that includes a criminal record search and a search for other relevant police information. I will provide the criminal record check to CCMHA Executive Committee upon selection.

Print Name/Signature: \_\_\_\_\_