

# NORTH SIMCOE HOCKEY ASSOCIATION 2008-2009 COACH APPLICATION

## AA - A - BB - B - C - HL

<b>Name:</b>				
<b>Address:</b>				
<b>Home Phone:</b> (      )		<b>Bus Phone:</b> (      )		
<b>Email Address:</b>		<b>Cell Phone:</b> (      )		
<b>TEAM SELECTION</b>		<b>1st Choice:</b>		
Novice __ Atom__ Peewee__ Bantam__ Midget __		<b>2nd Choice:</b>		
If your choices are not available, would you be willing to coach another team?				
<b>COACHING/TRAINERS CERTIFICATION</b> <i>(Please fill out all applicable areas)</i>				
<b>Coaches/Trainers</b>	<b>Cert#</b>	<b>Yes or No</b>	<b>Year Attained</b>	<b>Date of Expiry</b>
C.H.I.P				
Coach Level				
Trainers Level				
First Aid				
Prevention Services				
<b>PLEASE NOTE: All coaches/trainers must have or be prepared to take the appropriate clinics by August 31, 2008</b>				
<b>EXPERIENCE:</b> <i>Please list your past coaching experience</i>				
<b>Season:</b>	<b>Team:</b>	<b>Association:</b>	<b>Duties:</b>	
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Please attach your personal resume, reflecting your coaching experiences and any other information which is not detailed in this application (i.e. employment, playing experience, other interests etc.) Plus include (if known at this time) detailed information on all members of your intended coaching staff. Any additional information provided pertaining to the following would also be appreciated

*Please return A.S.A.P Closing Date June,30,2008*

Fax 705-526-2990

LOGO

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What is the anticipated role of your co-coaches, assistants, managers and trainers:

What would be some of your anticipated tournaments etc?

What are your team initiatives, objectives and goals?

Notes:

**REFERENCES:** Please list three references i.e. parent, professional etc.

NAME	HOME #	BUS #	SIGNATURE

I, \_\_\_\_\_ authorize North Simcoe Girls Hockey Association to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied. I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position. Police Clearance will be needed upon approval.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Day                      Month                      Year

## Due Back By June 30<sup>th</sup> 2008

*Please return A.S.A.P Closing Date June,30,2008*

*Fax 705-526-2990*