

# ALBERNI VALLEY MINOR HOCKEY ASSOCIATION COACHING APPLICATION

NAME:

\_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Surname)

ADDRESS: \_\_\_\_\_ Postal Code \_\_\_\_\_

HOME PH # \_\_\_\_\_ WORK PH # \_\_\_\_\_ CELL PH # \_\_\_\_\_

FAX # \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ PH # \_\_\_\_\_

Preferred Coaching Assignment (Indicate "F" for female, "1" for first choice and "2" for second choice)

	Recreational	Rep		Recreational	Rep
Mites	_____	N/A	Pee Wee	_____	_____
Novice	_____	N/A	Bantam	_____	_____
Atom	_____	_____	Midget	_____	_____

Certification/Training – NCCP (National Coaching Certification Program)

	Yr Completed	Location
NCCP Theory 1	_____	_____
NCCP Theory 2	_____	_____
Initiation Program	_____	_____
Coach Level	_____	_____
Intermediate Level	_____	_____
Advanced Level 1 or 2	_____	_____
CHSP	_____	_____
Speak Out	_____	_____
Checking Clinic	_____	_____

Other Coaching Courses or Training:

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Hockey Coaching Experience – List in order, starting with most recent

Year	Association/Team Name	Age Group	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Sports:

Year	Sport	Association	Age Group
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Playing Experience – List in order, starting with most recent

Year	Association	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I hereby consent to disclosure of the above information.
2. I hereby acknowledge the authority of the district and local minor hockey associations to carry out and abide by their constitution, bylaws, rules and regulations.
3. I hereby acknowledge that I have read and understand the coach's role as outlined in the Coaches Code of Conduct.
4. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching minor hockey and ensure that I maintain the required level of certification.
5. By way of this application, I give permission to Alberni Valley Minor Hockey Association to peruse a criminal record search on myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_