

Alberni Valley Minor Hockey Association

PO Box 241 – 3737 Roger St., Port Alberni, BC V9Y 7M7

www.avmha.com

250-724-6844

Name:					
	(First Name)	(Middle	Name)	(Last Name)	
Postal Address: _					
	# Street	Unit #	City	Postal Code	
Home Ph.#		Work Ph.#		Cell Ph.#	
Fax #		Email:			
Employer:			_ Occupation: _		

COACHING APPLICATION

Recreation Coaching	preferred	Competitive Coaching	preferred
Pre-Novice H1/H2		Atom Development	
Novice H3/H4		PeeWee Tier 3	
Atom		Bantam Tier 3	
PeeWee		Midget Tier 3	
Bantam		Other:	
Midget			

Coaching Assignment Preferred (Indicate "1" for first choice and "2" for second choice, etc.)

Certification/Training – NCCP (National Coaching Certification Program)

Program/Clinic	Year Completed	Location
Respect In Sport (RIS)		
Hockey Canada Safety Program (HCSP)		
Coach 1		
Coach 2		
Development 1		
Development 2		

ockey Coac	hing Experience – List in order, sta	rting with most recent	
Year	Association/Team Name	Age Group	Position
ther Sports	::		
Year	Sport	Association	Age Group
aying Expe	rience – List in order, starting with n	nost recent	
aying Expe	rience – List in order, starting with n		Age
			Age
			Age
Year	Associa	ation	Age
Year 1. I hereb		ormation.	
1. I hereb 2. I hereb Conduc	y consent to disclosure of the above info y acknowledge that I have read and und	ormation. Jerstand the coach's role as outline	ed in the Coaches Cod
1. I hereb 2. I hereb Conduct 3. I hereb	Associally consent to disclosure of the above information of the above information of the above information of the above that I have read and under the control of the same of	ormation. Jerstand the coach's role as outline	ed in the Coaches Cod gram (NCCP)
1. I hereb 2. I hereb Conduct 3. I hereb require	y consent to disclosure of the above info y acknowledge that I have read and und	ormation. Herstand the coach's role as outline ational Coaching Certification Programmer that I maintain the required	ed in the Coaches Cod gram (NCCP) level of certification.
1. I hereb 2. I hereb Conduct 3. I hereb require 4. I hereb 5. I under will ma	y consent to disclosure of the above info y acknowledge that I have read and und ct. y agree to familiarize myself with the Na ements for coaching minor hockey and e	ormation. Ierstand the coach's role as outline ational Coaching Certification Prograsure that I maintain the required or Hockey Association to complete wed by an independent coach sele ecutive. Recommendations are sui	ed in the Coaches Cod gram (NCCP) level of certification. e a criminal record che ection committee whice