

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: _____

Home Ph.# _____ Work Ph.# _____ Cell Ph.# _____

Email: _____

Employer: _____ Occupation: _____

COACHING APPLICATION

Competitive Coach	
U11	
U13	
U15	
U18	

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) - Leader		
Hockey Canada Safety Program		
Coach 1		
Coach 2		
Development 1		
Development 2		

Other Coaching Courses or Training:

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

Year	Association/Team Name	Age Group	Position

Please tell us about leadership/coaching experience in other sports:

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 that I have read and understand the coach’s role as outlined in the Coaches Code of Conduct.
3. 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.
4. I hereby give permission for Alberni Valley Minor Hockey Association to complete a criminal record check.
5. I understand that all applicants will be interviewed by an independent coach selection committee which will make recommendations to the AVMHA Executive. Recommendations are subject to final confirmation from the AVMHA Executive committee. All decisions are final.

Signature: _____ Date: _____

Submit completed applications before the application deadline, as instructed on the AVMHA website