

TEAM MANAGEMENT APPLICATION FORM – **for returning volunteers.** 


Check  **HEAD COACH**  **ASST COACH**  **SAFETY**  **MANAGER**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ (res)  
 Phone: \_\_\_\_\_ (bus)  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Alberta Heath Care: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail : \_\_\_\_\_

\*\*\*\*\* **All fields above are required** \*\*\*\*\*

What division are you applying to coach or assist for 2017 – 2018 ? **Circle**

	Position	Age Division		
1st Choice		Male	Female	FUN, Recreation, Develop, Elite
2 <sup>nd</sup> Choice		Male	Female	FUN, Recreation, Develop, Elite

**If applying for Head Coach Development you must attach a resume indicating your Coaching Philosophy, Team Goals & Objectives, and how you would handle a parent concern/complaint on your team by AUGUST 4, 2017.** 

List your children registered in GPMHA

Child's Name	Division	Child's Name	Division

Certification required: All GPMHA Volunteers must be certified in the Respect in Sport Coach Course. All coaches and assistants must be certified to the Coach level they wish to coach, or obtain such by Nov 15, 2017. All coaches, assts for Atom and above must have the Checking Skills Clinic. All head coaches for AA teams above Atoms must obtain the Development 1 Clinic. All head coaches for AAA teams must obtain the High Performance by Nov 15, 2017.

**APPLICANT'S AGREEMENT – Please initial by each statement below.**

\_\_\_\_\_ I will abide by the Hockey Canada, Hockey Alberta and the GPMHA Constitution and PPM, **specifically PPM 104 Coach Expectations, PPM 112 Mobile devices and PPM 161 Prohibited Substances policy.** I also agree to take part in any coach development programs as laid out by GPMHA. I agree to attain the level of certifications required by Nov 15 of the current year.

\_\_\_\_\_ I will abide by the fair play codes and set a good example for the team in action and dress. I will not contribute to or allow any inappropriate language (swearing, racial remarks, threats, intimidation, etc.) at any time.

Your signature below indicates acceptance and compliance with all of the above.

Signed/Signature and consent of applicant: \_\_\_\_\_ Date: \_\_\_\_\_ 

**THE GPMHA OFFICE MUST RECEIVE THIS APPLICATION BEFORE YOU CAN BE ASSIGNED TO A TEAM AND BEFORE YOU CAN BE REIMBURSED FOR THE COST OF THE CLINICS.**

# GRANDE PRAIRIE MINOR HOCKEY ASSOCIATION

6 Knowledge Way, Grande Prairie, AB T8W 2V9

780-539-6177 telephone

780-539-0398 fax

[gpmha@telus.net](mailto:gpmha@telus.net)

gphockey.com

RCMP  
10202 – 99 Street  
Grande Prairie, AB

**Take this form to the RCMP**

**Re: Police Information Check for GPMHA Volunteer.**

Dear Sir or Madam,

This is to confirm that \_\_\_\_\_, is a volunteer for Grande Prairie Minor Hockey for the 2017 – 2018 season, and as such requires a Police Information Check. GPMHA requires that all volunteers obtain a Vulnerable Sector Check (including all four levels of checks on RCMP Form 3584e – Consent for Disclosure of Criminal Record Information).

Please call if there are any questions.

Yours truly,

L. M. LeBlanc  
Executive Director  
Grande Prairie Minor Hockey

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**To: GPMHA Volunteer, if you sign the section below, Lorna LeBlanc or Maureen McArthur may pick up the Check when done for you. If you do not give this to the RCMP then YOU are responsible to pick it up.**

I, \_\_\_\_\_ give Lorna LeBlanc or Maureen McArthur permission to pick up my Police Information check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date