

TEAM MANAGEMENT APPLICATION FORM - **NEW volunteers**

Phone: 539-6177 Fax: 539-0398

gpmha@telus.net

www.gphockey.com

Check HEAD COACH ASST COACH SAFETY MANAGER

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

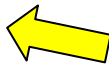
***** **All fields above are required** *****

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

Circle

	Position	Age	Division
1st Choice	Coach or Asst	Male Female	FUN, Recreation, Develop, Elite
2 nd Choice	Coach or Asst	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

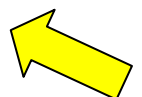
Certification required: All GPMHA Volunteers must be certified in the Respect in Sport Coach Course. All coaches and assistants must be certified to the Coach level they wish to coach, or obtain such by Nov 15, 2017. All coaches, assts for Atom and above must have the Checking Skills Clinic. All head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

Which CHA CERTIFICATION LEVEL do you hold? Certifications will be verified with Hockey Canada. **New for this year – Coach Level 1 – Intro to Coach is specifically for new coaches working with 4 – 8 year olds. If you already did Coach Level 2 prior to 2014, you do not need to get Coach Level 1.**

Coach Level 1 - Into to Coach	_____	Year Attained: _____	Province: _____
Coach Level 2	_____	Year Attained: _____	Province: _____
Development 1	_____	Year Attained: _____	Province: _____
Can Safety Trainers	_____	Year Attained: _____	Province: _____
Respect in Sport Coach	_____	Year Attained: _____	Province: _____
Checking Skills	_____	Year Attained: _____	Province: _____

You must attain the level of certifications required by Nov 15 of the current year.

The Police Information Check must be received by October 1, 2017



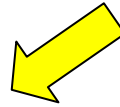
COACHING EXPERIENCE: Starting with most current

YEAR	ASSOCIATION	CATEGORY (ie) Midget	DIVISION (ie) AA	YOUR POSITION
16-17				
15-16				
14-15				

References: People we may contact who have knowledge of your qualifications.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

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



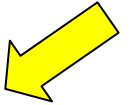
_____ I will abide by the Hockey Canada, Hockey Alberta and the GPMHA Constitution and PPM, **specifically PPM 104 Coach Expectations, PPM 112 Mobile Devices and PPM 161 Prohibited Substances policy.** I also agree to take part in any coach development programs as laid out by GPMHA. I agree to attain 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.

CURRENT POLICE INFORMATION CHECK MUST ALSO BE SUBMITTED.

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

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