

HAWKS ATHLETIC CLUB

c/o 12808 - 134A Avenue, Edmonton, AB T5L 3W6

Phone: (780) 721-1477 Fax: (780) 452-4317

E-Mail: registrar@hawksathletics.ca

Website: www.hawksathletics.ca

COACHING APPLICATION

POSITION APPLYING FOR		DIVISION		TIER
<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager		<input type="checkbox"/> Trainer <input type="checkbox"/> Other		<input type="checkbox"/> _____ <input type="checkbox"/> Any available
<input type="checkbox"/> Discovery <input type="checkbox"/> Junior Timbits <input type="checkbox"/> Senior Timbits		<input type="checkbox"/> Novice <input type="checkbox"/> Atom <input type="checkbox"/> Pee wee		
LAST NAME	FIRST NAME	DATE OF BIRTH (YYYY-MM-DD)	ALBERTA HEALTH CARE NUMBER	
ADDRESS				
CITY		PROVINCE	POSTAL CODE	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER	
E-MAIL ADDRESS				
EMERGENCY CONTACT NAME			EMERGENCY CONTACT PHONE NUMBER	

IN THE LAST THREE YEARS, I WAS AN OFFICIAL FOR THE FOLLOWING CLUBS				
YEAR	CLUB	DIVISION	POSITION	TIER

CANADIAN HOCKEY ASSOCIATION CERTIFICATION			
CERTIFICATION PROGRAM	DATE	CERTIFICATION NUMBER	
RESPECT IN SPORT			
ALBERTA HOCKEY CHECKING SKILLS			
INTRO TO COACH - LEVEL 1			
COACH - LEVEL 2			
DEVELOPMENT I			
DEVELOPMENT II			
SAFETY			
OTHER CERTIFICATION (i.e., First Aid, Goalie Clinics, Checking Clinics, Taping and Strapping Clinics)			
ORGANIZATION	CERTIFICATION PROGRAM	DATE	CERTIFICATION NUMBER

Are you willing to accepting a different level than the one applied for: Yes No

Do you have your own coaching staff: Yes No

What is your coaching style? _____

List any noteworthy coaching achievements: _____

Have you ever been suspended? Yes No (If Yes, please list details below)

DATE OF SUSPENSION	LENGTH OF SUSPENSION	REASON FOR SUSPENSION

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that by applying as a volunteer, I will abide by all policies and procedures of the Hawks Athletic Club. I hereby consent to, and authorize the Hawks Athletic Club, to conduct a security clearance with any policy service that it deems may be appropriate. I understand that if accepted, falsified statements in this application shall be considered sufficient cause for dismissal.

Signature: _____ Date: _____

Please forward this completed form to Lorraine Toth at the Hawks Athletic Club by e-mail to registrar@hawksathletics.ca or fax to 780-452-4317