



**PONOKA MINOR  
HOCKEY ASSOCIATION**

**ADDRESS: Box 4021, 5316 - 46 Ave  
Ponoka, AB T4J 1R5**

**WEB: [www.ponokaminorhockey.ca](http://www.ponokaminorhockey.ca)**

**FAX: 403 783-4155**

**COACHING APPLICATION**

**Application Deadline: September 16th**

**Date:**

**Personal Information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: Res: \_\_\_\_\_ Bus: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Current Occupation: \_\_\_\_\_  
\_\_\_\_\_

**Position Applying for:**

Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_ Either: \_\_\_\_\_ Level: \_\_\_\_\_

**\*Certifications Acquired:**

CourseName	Year Completed
HockeyCanadaSafetyProgramLevel1 <input type="checkbox"/> Level2 <input type="checkbox"/>	
SpeakOut/RespectinSport	
IntrotoCoachLevel	
Coach	
Checking	
DevelopmentLevel1	

**References: (please supply 2)**

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Note:** All coaches & asst. coaches in the Ponoka Minor Hockey Association are required to provide a criminal record check (free for volunteers) required by October 31 of the current hockey season. Proof of current certificates and/or are required to acquire necessary certification for the level they wish to coach by December 31 of the current hockey season. By applying, PMHA will verify certification through HCR Program.

**HAVE YOU SUBMITTED A CRIMINAL RECORD CHECK IN THE PAST 24 MONTHS: \_\_\_\_ YES \_\_\_\_ NO**  
\*Please attach copies of your completed certifications for PMHA records

**Recent Coaching Experience:**

	Position	Season	Level	Organization
1.				
2.				
3.				



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**REQUEST FOR CRIMINAL RECORD CHECK**

To whom it may concern:

Re: 2016 – 2017 Minor Hockey Season

Ponoka Minor Hockey Association requires any and all individual(s) who choose(s) to devote their time and volunteer as a Coach, Assistant Coach, within our Association, must complete and submit a Criminal Record Check bi-annually.

Thank you,

Cam Rice

President

Ponoka Minor Hockey Association

Fax 403-783-4155

[president@ponokaminorhockey.ca](mailto:president@ponokaminorhockey.ca)