

# HEAD COACH & ASSISTANT COACH APPLICATION FORM



Head Coach  
 Assistant Coach

**Please Print All Information Clearly**

Coach's Name: \_\_\_\_\_ Age:(optional) \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 City/Prov: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 PostalCode: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Preferred Contact: \_\_\_\_\_

**Do You Have Children Playing?**

Child's Name	Child's Team	Date of Birth
_____	_____	_____

**Circle Program Level**

Atom      Pee-Wee      Bantam      Midget

**Coaching Certification** (please attach a copy of your card to this application.):

Level: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

**Coaching Experience:**

Organization	Team	Position	From Date to Date
_____	_____	_____	_____

**Playing Experience:**

Organization	Team	Position	From Date to Date
_____	_____	_____	_____

**Coaching References:**

Name	Phone
_____	_____

**Authorization:**

Will you allow a background check by RCMP  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: [admin@cochranefootball.com](mailto:admin@cochranefootball.com)  
 Cochrane Lions Minor Football

If you feel there is additional information which is relevant, please attach the information to this application.