



P.O. Box 20065, Cranbrook BC V1C 7G9

Website: cranbrookminorhockey.com Email: cranbrookminorhockey@gmail.com

REP/DEVELOPMENT COACHING APPLICATION

Name: _____

(given name)

(middle name)

(surname)

Address: _____ Postal Code: _____

Telephone: (H) _____ (W) _____ (Cell) _____

Email: _____

Birth date(mm/dd/yyyy): _____ Place of Birth: _____

Employer: _____ Occupation: _____

Select the Coaching Assignment(s) from the drop-down list that you would like to Interview for.

| | |
|------------------------|---|
| 1 st Choice | - |
| 2 nd Choice | - |
| 3 rd Choice | - |
| Comments: | |
| | |
| | |

BCAHA & NCCP (National Coaching Certification Program)

| Program | Program Requirements | Year Completed | Location |
|--|----------------------|----------------|----------|
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| | | | |
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| | | | |
| | | | |
| | | | |
| Proof of your coaching certification and Criminal Record Check must be provided with your application | | | |

Other coaching courses or training activities:

Ice Hockey Coaching Experience – (most recent first)

| Year | Association/Team Name | Division | Position |
|------|-----------------------|----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Other Coaching Experience – (most recent first)

| Year | Sport | Association | Age Group |
|------|-------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

Ice Hockey Playing Experience – (most recent first)

| Year | Association/Team Name | Division |
|------|-----------------------|----------|
| | | |
| | | |
| | | |
| | | |

Comments:

Coaching References

Name: _____
Address: _____ Phone: _____
Position: _____

Name: _____
Address: _____ Phone: _____
Position: _____

Name: _____
Address: _____ Phone: _____
Position: _____

Please include at least one reference from your previous Association, if you are new to Cranbrook Minor Hockey.

Undertakings

- 1.) I hereby consent to the disclosure of the above information.
- 2.) I hereby acknowledge the authority of Hockey Canada, BCAHA and the CMHA and agree to carry out and abide by its Constitutions, By-Laws and Policy Handbook.
- 3.) I hereby acknowledge that I will abide by the Coach's Code of Conduct as per the CMHA Policy Handbook.
- 4.) I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) and the Hockey Canada requirements for coaching minor hockey and will ensure that I maintain the required level of certification.
- 5.) I hereby agree to have a Criminal Records check completed if required by CMHA.

Date (mm/dd/yyyy): _____

Print Name: _____

Signature: _____