



#10 1777 2nd Street N, 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
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: _____