

# EXCELLENCE, PRIDE AND TRADITION KINGS OF THE ICE!

The Sherwood Park Kings Athletic Club is currently seeking the services of reliable and committed individuals who desire to be part of a dynamic, forward thinking hockey program for the following teams for the 2021/22 hockey season as trainers.

Preference is given to those individuals with the following certifications with some or all of the following Certification requirements required but are not limited to:

- First Responder or Sports First Responder
  - Sports First Aid
  - CPR
  - Hockey Trainers Safety Course
  - Certification and/or Course Work in Sports/Athletic Injury Management Certification ●
- Experience in hockey

**Specific responsibilities include:**

- Ability to assess, diagnose and treat injuries – injury management care
- Bench management and dressing room setup
- Equipment essentials (no skate sharpening required)
- Monitor and support the SPKAC Return to Play Program

Although the SPKAC is located in Sherwood Park and the majority of ice times are within Sherwood Park and the Metro Edmonton region, there will be travel involved for the successful candidates which is dependent on the level and league each team plays in.

The successful candidates are expected to attend all games and practices. The SPKAC season starts mid September and ends in the months of February, March and/or April, depending on the success of the team once league play has finished. Trainers will be called upon to participate in our tryout process which begins early September 2021. All successful candidates must undergo a criminal record check. Pay is commensurate with experience and aligns with industry standards.

If interested, please submit the attached application to Norine Parker 1st VP Programs via email at [1st.vp@spkac.ab.ca](mailto:1st.vp@spkac.ab.ca)

Successful applicants will be contacted for interviews.

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## Application Form

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

*Last name First Name*

Current Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (H): \_\_\_\_\_ (cell): \_\_\_\_\_

E-MAIL address: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_

### EDUCATION

Currently: U of A Faculty of: \_\_\_\_\_ 2021-22 Current Year: \_\_\_\_\_ **OR**  
Completed school of: \_\_\_\_\_ Year: \_\_\_\_\_ Other \_\_\_\_\_

institutions (transfer): \_\_\_\_\_

### LIST by checking (X) all Sport-Therapy Related Courses:

Strength & conditioning \_\_\_ Athletic Injuries \_\_\_ Rehabilitation courses \_\_\_ Massage Therapy \_\_\_

Anatomy \_\_\_ Exercise physiology \_\_\_ Athletic First Aid \_\_\_ Taping & Strapping \_\_\_

Others: \_\_\_\_\_

### CERTIFICATIONS (MUST submit a COPY of all certifications with your application):

\* First Aid: \_\_\_ No \_\_\_ Yes Expiry Date: \_\_\_\_\_

\* CPR \_\_\_ No \_\_\_ Yes Expiry Date: \_\_\_\_\_

\* EMR/ Sports First Responder \_\_\_ No \_\_\_ Yes Expiry Date: \_\_\_\_\_

\* Certified Personal Trainer (CPT) \_\_\_ No \_\_\_ Yes Working towards CPT? \_\_\_ No \_\_\_ Yes

Other (i.e. Massage, EMT, PT, CAT(C)): \_\_\_\_\_

***Certification for involvement in this program includes Standard First Aid and CPR level C (required at the time of involvement). It is the applicant's responsibility to maintain certification through the duration of the program. Certification will be verified.***

List your experiences in Sport ***as a Trainer or Therapist*** (if any):

\_\_\_\_\_  
\_\_\_\_\_

List your ***background, involvement and/or experience*** that you have had ***in sport or on a team***:

\_\_\_\_\_  
\_\_\_\_\_

Comment on your anticipated ***level of commitment***: Full-time (indicates attending all practices & games for the team's schedule training camps, non-conference, conference, etc) for the Fall AND/OR Winter:

Explain this commitment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EXCELLENCE, PRIDE AND TRADITION KINGS OF THE ICE!

What are your perceptions of the role of a team trainer or team therapist?

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Which aspects of this role appeal to you? Which do not?

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Have you completed any shadow or volunteer practical hours? If yes, how much? \_\_\_\_\_

Where? \_\_\_\_\_

**Please provide 2 References that we may contact on your behalf:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Phone #: \_\_\_\_\_