



Coldwater & District Minor Hockey Association Inc
Box 336
Coldwater, ON.
LOK 1E0
Phone: 705-686-7762
Fax: 705-686-7762

COACH SELECTION APPLICATION

**PLEASE FILL OUT ALL APPLICABLE AREAS AND ATTACH COPIES OF
CERTIFICATES**

NAME: _____

ADDRESS: _____

HOME#: _____ CELL#: _____

BUSINESS#: _____ FAX#: _____

EMAIL: _____

TEAM SELECTION (PLEASE CIRCLE CHOICE)

REP or LOCAL LEAGUE

IP ~ NOVICE ~ ATOM ~ PEEWEE ~ BANTAM ~ MIDGET ~ JUVENILE

If these choices are not available, would you consider another position? YES ~ NO

HOCKEY COACHES CERTIFICATION PROGRAM (HCCP)

COACHING LEVEL: _____ YEAR ATTAINED: _____

PRS (SPEAK OUT MANDATORY): _____

ARE THERE ANY OTHER CERTIFICATIONS YOU HOLD? (I.E. CPR ~ HTCP ~ FIRST AID) _____

DO YOU PRESENTLY HAVE A CHILD PLAYING IN THE COLDWATER MINOR HOCKEY ASSOCIATION? YES ~ NO

NAME: _____ LEVEL/DIVISION: _____

HAVE YOU EVER COACHED IN COLDWATER BEFORE? YES ~ NO

COACHING PROFILE

Please attach your personal profile, reflecting your coaching skills and experiences, coaching philosophy, long and short term goals and any other related information not detailed in this application.

Any additional information provided pertaining to the follow would be appreciated:

- Anticipated roles of team officials (assistants, managers and trainers)
- Team initiatives, objectives and goals

REFERENCES: (Please list three hockey related)

Name: _____ **Address:** _____
Town: _____ **Postal Code:** _____
Home#: _____ **Business#:** _____

Name: _____ **Address:** _____
Town: _____ **Postal Code:** _____
Home#: _____ **Business#:** _____

Name: _____ **Address:** _____
Town: _____ **Postal Code:** _____
Home#: _____ **Business#:** _____

AUTHORIZATION FOR COLLECTION OF PERSONAL INFORMATION

I, _____, authorize Coldwater & District Minor Hockey Association Inc. to collect personal information appropriate to the position applied for concerning my academic background, employment history and verify the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

PLEASE NOTE THAT ALL APPLICANTS FOR COACHING POSITIONS WILL BE REQUIRED TO COMPLETE A POLICE RECORD CHECK (CRC)

APPLICANT SIGNATURE

DAY/MONTH/YEAR

OPERATIONS CHAIR SIGNATURE

DAY/MONTH/YEAR