|  |
| --- |
| **VALLEY EAST MINOR HOCKEY ASSOCIATION – 2018-2019 Season****Coaching Staff Application Form** |
| **Name** |   |
| **D.O.B.** |   |
| **Phone #** |   |
| **Email Address** |   |
| **Address** |   |
| **City** |   |
| **Postal Code** |   |

**All sections of the application MUST be completed to be valid**

**Upon acceptance of any team management position, are you willing to submit to a Criminal Records Check with Vulnerable Sector Screening?**

**Yes**[ ]  **No**[ ]

**CRIMINAL RECORD CHECK--PLEASE DO NOT FORWARD CRC:**

|  |  |  |
| --- | --- | --- |
| **Have a valid CRC with Vulnerable Sector Screening** |[ ]  **YES** |[ ]  **NO** |
| **If yes, date completed** |   |

**Team Selection: (Category i.e. Tyke, Novice, Atom, Peewee, Bantam, Minor Midget, Major Midget and Juvenile. In the divisions where there is tiering – please state your preference)**

|  |  |
| --- | --- |
| **1st Choice** |   |
| **2nd Choice** |   |

**If these choices are not available, would you be willing to accept a position in another division?**

**Yes**[ ]  **No**[ ]

**Position Requesting:**

|  |
| --- |
| **Coach** |[ ]
| **Assistant Coach** |[ ]
| **Trainer** |[ ]
| **Manager** |[ ]
| **Assistant Manager** |[ ]

**Certifications:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coaches** |[ ]  **Yr. Attended** |   | **Certification #** |   |
| **Initiation** |[ ]  **Yr. Attended** |   | **Certification #** |   |
| **Speak Out** |[ ]  **Yr. Attended** |   | **Certification #** |   |
| **Trainers** |[ ]  **Expiry Date** |   | **Certification #** |   |
| **Body Checking** |[ ]  **Yr. Attended** |   | **Certification #** |   |

**Experience: (TOTAL YEARS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coaching** |   | **Assistant Coach** |   |
| **Trainer** |   | **Manager** |   |

|  |  |  |
| --- | --- | --- |
| **TEAM/ASSOCIATION** | **CATEGORY** | **POSITION** |
|   |   |   |
|   |   |   |
|   |   |   |

**Please add any additional experience that may add to your coaching capabilities? (I.e. work related, other organizations such as Cubs, Brownies, etc.)**

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|   |
|   |
|   |

**References:**

|  |  |
| --- | --- |
| **Name** |   |
| **Phone #** |   |
| **Email Address** |   |
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| **Postal Code** |   |

|  |  |
| --- | --- |
| **Name** |   |
| **Phone #** |   |
| **Email Address** |   |
| **Address** |   |
| **City** |   |
| **Postal Code** |   |

**Upon acceptance of any team management position, are you willing to attend all required clinics or seminars as part of your personal training as outlined by CHA/OHA/NOHA directives?**

**Yes**[ ]  **No**[ ]

**THE VALLEY EAST MINOR HOCKEY ASSOCIATION strives to make its’ association a safe and friendly environment for all its’ members - players, coaching staff, officials, executive, parents and fans alike. We will make every effort to continue to monitor all aspects of our association in accordance with the guidelines set out for us.**

**Thank you,**

|  |  |
| --- | --- |
| **SIGNATURE** |  |
| **DATE** |   |

**FORWARD THE APPLICATION TO:**

**Lynda Flintoff, VEMHA 3rd Vice President @** norneeds@sympatico.ca

**Or mail to:**

**VEMHA**

**P.O. Box 3005**

**Hanmer, ON P3P 1S2**

**ATTENTION: Lynda Flintoff, 3rd Vice President**