



COACHING APPLICATION

Please **PRINT** all information

DATE: _____

NAME: _____

ADDRESS: _____ Postal Code: _____

BIRTHDATE: _____

TELEPHONE: Home: _____ Work: _____ Cell: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

PERSONAL REFERENCES:

1. Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

2. Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Do you have a child registered in Aldergrove Minor Hockey?

Yes: _____ No: _____

Which age group would you prefer to work with? (please check)

Initiation H1 5 yr olds _____ Pee Wee 11-12 Yr Olds _____

Initiation H2 6 yr olds _____ Bantam 13-14 Yr Olds _____

Initiation H3 7 yr olds _____ Midget 15-16-17 Yr Olds _____

Initiation H4 8 yr olds _____ Juvenile 18-19 Yr Olds _____

Atom 9-10 yr olds _____

QUALIFICATIONS:

Hockey Canada Coaches Certification Program (NCCP)

Highest Level Obtained: _____

Location: _____

Coaching Association of Canada (CAC) Passport # _____

	<u>Level Attained</u>	<u>Year</u>	<u>Location</u>
Initiation	_____	_____	_____
Coach Level	_____	_____	_____
Intermediate	_____	_____	_____
Advanced 1	_____	_____	_____
Advanced 2	_____	_____	_____

The info in the table below are the past and present descriptions of the coaching training.

Pre 1986 Levels		1986-2005 Levels		2005 to Present	
(n/a)		Initiation Program		Intro. Coach or Hybrid	
Level 1 and Level 2		Coach Level		Coach Stream or Hybrid	
Level 3		Intermediate Level		Developmental 1	

(Table from pg. 67 of the PCAHA 2010 Rules and Regulations)

Are you certified for the level for which you are applying?

Yes: _____ No: _____ Unsure: _____

If you are not certified at the required level, are you available to take a weekend course to attain the required level?

Yes: _____ No: _____

Do you have a valid first Aid Certificate?

Yes: _____ No: _____

If yes, what level? _____

Where Obtained? _____ Date: _____

Any other courses, seminars or qualifications obtained? _____

Police Record Check.

Did you have this completed recently? Yes: _____ No: _____

Date: _____ Location: _____

Are you prepared to have a police record check completed? Yes: _____ No: _____

COACHING EXPERIENCE

HOCKEY: (List in order - EARLIEST to LATEST)

<u>YEAR</u>	<u>ASSOCIATION & TEAM NAME</u>	<u>AGE GROUP</u>	<u>POSITION</u>

OTHER SPORTS:

<u>YEAR</u>	<u>ASSOCIATION & TEAM NAME</u>	<u>AGE GROUP</u>	<u>POSITION</u>

PLAYING EXPERIENCE: HOCKEY

<u>YEAR</u>	<u>ASSOCIATION & TEAM NAME</u>	<u>AGE GROUP</u>	<u>POSITION</u>