

**FLESHERTON MINOR HOCKEY ASSOCIATION
COACHING APPLICATION FORM**

NAME: _____
 ADDRESS: _____
 CITY: _____ POSTAL CODE: _____
 HOME PHONE: _____ BUSINESS: _____
 CELL: _____
 EMAIL ADDRESS: _____

Position applied for: **COACH** **ASSISTANT COACH** **TRAINER**
 Division applied for: _____

COACHING EXPERIENCE

List your most recent coaching positions

	Division	Positon	Year	Association
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Indicate your highest level of Coaching Certification attained.

Level (Coach, Intermediate, Advance 1) _____
 NCCP # _____ Date Attained _____

Initiation Program Attained : Yes No Date Attained _____
 Speak Out Program Attained: Yes No Date Attained _____
 Safety Program Attained : Yes No Date Attained _____

Next desired Coaching Upgrading Level: _____

Will you participate in a Coach Development Session? Yes _____ No _____

Would you be interested in working with a Coach Mentor ? Yes _____ No _____

Have you had a recent Criminal Record Check? Yes _____ No _____ Year _____

LIST TWO INDIVIDUALS THAT COULD PROVIDE REFERENCE TO YOUR COACHING ABILITY

NAME: _____ PHONE: _____ / _____
 NAME: _____ PHONE: _____ / _____

SIGNNATURE: _____ DATE: _____