



COACHES APPLICATION 2009-2010 LOCAL LEAGUE

Dear Applicants:

Please find the following pages to be submitted for coaching positions for the 2009-2010 season. Please be sure to fill out all of the areas. All coaches must provide a valid police check by the designated date. Police checks are to be done every 3 years.

Please have your application in no later than September 9th, 2009.

Thank you,
Glanbrook Minor Hockey Association

Projected House League Teams

3-Novice
3-Atom
2-Pee wee
2-Bantam
2-Midget

Additional teams may be added depending on the numbers.



COACHES APPLICATION 2009-2010

Name: _____ Age (if under 18): _____

Address: _____ City: _____

Postal Code: _____ Phone (H): _____ (W): _____

Email: _____

Please check the Division you are applying for:

Novice: __ Atom: __ Peewee: __ Bantam: __ Midget: __

Coach/Trainer Certification

Trainer Certification

Certification Year Attained

Trainer Level Expiry Date

NCCP Number: _____

HCTP Number: _____

Have you attended a Speak Out Clinic: ____ NO ____ YES

If yes, Date Attended: _____ PRS Number: _____

COACHING EXPERIENCE

Years

Association

Division

*** Return application to V.P. Haldimand Tammy French****

tammyf@mountaincable.net



PHILOSOPHY AND OBJECTIVES AS A COACH

References:

Please provide two (2) hockey and one (1) community contacts:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

I am aware that I must submit a completed police check or consent to disclosure waiver form as provided by the GMHA for this application to be complete. The consent form must be completed and submitted to appointed members of the GMHA within 30 days. If not submitted, this application will be null and void.

I acknowledge and agree to adhere to the constitution, by-laws and rules of the Glanbrook Minor Hockey Association and the OMHA.

Signature: _____ **Date:** _____

FOR GMHA USE ONLY

Date Application Received _____ **Police Check Y** ___ **N** ___