NORTH WEST ZONE HOCKEY ASSOCIATION

Please forward this completed form to Dave Dumas, VP of Hockey Operations, by email to vphockey@nwzhockey.ca

COACHING APPLICATION

POSITION APPLYING FOR	DIVISION		TIER
☐ Head Coach ☐ Trainer ☐ Assistant Coach ☐ Other: ☐ Manager	☐ Bantam	☐ Midget	☐ _____ ☐ Any available

LAST NAME	FIRST NAME	DATE OF BIRTH (YYYY-MM-DD)	ALBERTA HEALTH CARE NUMBER

ADDRESS

CITY	PROVINCE	POSTAL CODE

HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER

E-MAIL ADDRESS

EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER

IN THE LAST THREE YEARS, I WAS AN OFFICIAL FOR THE FOLLOWING CLUBS

YEAR	CLUB	DIVISION	POSITION	TIER

CANADIAN HOCKEY ASSOCIATION CERTIFICATION

CERTIFICATION PROGRAM	DATE	CERTIFICATION NUMBER
RESPECT IN SPORT ACTIVITY LEADER		
ALBERTA HOCKEY CHECKING SKILLS		
INTRO TO COACH - LEVEL 1		
COACH - LEVEL 2		
DEVELOPMENT I		
DEVELOPMENT II		
SAFETY		

OTHER CERTIFICATION (i.e., First Aid, Goalie Clinics, Checking Clinics, Taping and Strapping Clinics)

ORGANIZATION	CERTIFICATION PROGRAM	DATE	CERTIFICATION NUMBER

Are you willing to accepting a different level than the one applied for: ☐ Yes ☐ No

Do you have your own coaching staff: ☐ Yes ☐ No

What is your coaching style? _____

List any noteworthy coaching achievements: _____

Have you ever been suspended? ☐ Yes ☐ No (If Yes, please list details below)

DATE OF SUSPENSION	LENGTH OF SUSPENSION	REASON FOR SUSPENSION

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that by applying as a volunteer, I will abide by all policies and procedures of the Hawks Athletic Club. I hereby consent to, and authorize the Hawks Athletic Club, to conduct a security clearance with any policy service that it deems may be appropriate. I understand that if accepted, falsified statements in this application shall be considered sufficient cause for dismissal.

Signature: _____ Date: _____