

ZONE 5 AAA Hockey

Coaching Application

Contact Information

Name	
Date of Birth	Year ____ Month ____ Day ____
Street Address	
City / Prov. / Postal Code	
Home Phone	
Work Phone & Cell Phone	
E-Mail Address	

Position Applying for (please check)

Indicate 1st choice and 2nd choice

<input type="checkbox"/> Major Midget	Choice #	<input type="checkbox"/> Minor Midget	Choice #
<input type="checkbox"/> Major Bantam	Choice #	<input type="checkbox"/> Minor Bantam	Choice #

Certification

Coaching Level CC #
 CHA Risk Management - Date completed: Location:
 Other formal hockey related training:

Coaching Experience (will be verified)

of years as: Competitive/Rep: Head Coach ____ Assistant Coach ____ (Hockey only)
 Team coached in 06/07 Association ____ Division ____ Category ____
 Outstanding suspensions (yet to be served): Yes ____ No ____

ADDITIONAL INFORMATION MUST BE PROVIDED TO BE CONSIDERED FOR A COACHING POSITION

- Attach a CV/Resume (max. 2 pages) of relevant coaching experience and identify potential "Conflict of Interest" at your proposed level. Please include three (3) references (parent, player, peer etc...) from your most recent coaching experience and provide contact information for each (Tel. #, Cell #, Address). **Zone 5 reserves the right to contact the above references**
- A high level year plan, goals and objectives for the upcoming season (max. 2 pages).
- A 90 minute practice example.
- A copy of your "Police Background Check" and all supporting documentation will be required at the interview. Valid ID will also be required.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature **	
Date **	

**** If submitting via e-mail, we will request that you sign the original at the interview**

Please forward your application via e-mail or postal mail

Submit no later than Monday, March 21st

Contact Name	Jennifer Mayer
E-Mail Address	thehopes@trondata.net
Mailing Address	17348 County Road 44, Long Sault, ON K0C 1P0
Interview	Once all applications have been reviewed, you will be contacted to attend an interview with the Selection Committee.