



HOUSE COACHING APPLICATION

WHO YOU ARE – please print

NAME: _____ DATE OF BIRTH: _____

MM | DD | YEAR

MAILING ADDRESS: HOME WORK

STREET # AND NAME CITY PROVINCE POSTAL CODE

TELEPHONE: () () ()
HOME WORK CELL

EMAIL ADDRESS: _____

LANGUAGE SPOKEN: ENGLISH FRENCH BOTH

Please include a detailed resume of your coaching experience, including any other leadership roles outside of hockey.

COACHING INFORMATION – please print

I would prefer my application to be considered as: (Please select only one)

POSITION: Head Coach Assistant Coach Trainer Other:

MOST RECENT TEAM COACHED:

Team: _____ Position: _____

A. TEAM APPLYING FOR (FIRST CHOICE)

Team: _____ Position: _____

B. TEAM APPLYING FOR (SECOND CHOICE IF APPLICABLE)

Team: _____ Position: _____



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NOTE: If you are accepted to coach, you and all members of your staff must agree to provide a criminal record search by the date(s) established. For a copy of our volunteer and member with criminal records policy visit www.nbmha.ca

POLICY ACKNOWLEDGEMENT

The Coach Selection Committee requires that the Head Coach acknowledge responsibility and understanding of the following requirements:

- Fair Play Code of Conduct requirement
- Police Check requirement
- On-ice helmet requirement for all staff and participants
- Licensed Apparel Program
- Rules of Operation

I hereby acknowledge that I understand the above requirements and all applicable North Bay Minor Hockey Association By-laws, Resolutions, Policies and Rules of Operation requirements and that I am responsible for ensuring compliance with the above. I also understand that only applications considered by the committee to be suitable will be granted an interview. I agree that the decision of the committee is final and I hold the committee, North Bay Minor Hockey Association and/or any other governing body harmless for the decision. By signing this form you agree that North Bay Minor Hockey Association may contact you via email.

Date: _____ Signed: _____