HEAD COACH APPLICATION - House League

Waterloo Girl's Minor Hockey Association

PERSONAL INFO	RMATION			
Name				
Address				
Email Address				
Phone #		Secondary Phone #		
Coach/NCCP ID*		*Note: Hockey ID is issued when you have opening an account in coach.ca	ve completed a coaching certification. Y	ou can find past certifications by
Date of Birth* (dd/mmm/yy)		*Note: Date Of Birth is an optional field; it eHockey account (Hockey Canada)	allows the organization to verify credent	ials and add applicant to the WGMHA
	T - Additional line for adding 2	nd choice or to apply for 2 differe	nt teams.	
Year (click cell & select)	Division Requested (click cell & select)	Level Requested (click cell & select) *if run	Will you have a daughte (provide name and prev	
4 if you do not have a	female as one will have to be a	may enter up to 4 additional stat dded. More staff may be added o e only Trainer. Leave blank for DS	after teams are formed. It is reco only application as staff is select	mmended to have a female ed after tryouts.
Role	Name	Female? (some names are hard to know)	Will you/staff have a daug (provide name and prev	
Head Coach (applicant)				
COMMITMENT				
1. I will read and 2. I will attend a r 3. I will comply w 4. I will undergo o 5. I confirm to the would make m 6. I will upgrade r 7. I understand th	uphold the WGMHA Codes of minimum of 75% of the coach ith all rules and regulations of a Police Vulnerable Sector Chabets of my knowledge that the unsuitable for this position. The coaching qualifications as	here`are´no outstanding warro s required. ommittee (CSC) may contact o	ylaws. y the WGMHA. d all governing bodies. ants, convictions, or other neg	·
_	& Conditions stated above:			
Name			Date	

Year	Association	Division/Level	Position(s)	Commonts / Additional In
ost recent to oldest)	Association	(eg: Bantam BB)	(eg: Head Coach)	Comments/Additional In
CKEY EXPERIEN	CE (please describe you	r hockey experience in the	box below)	
ERTIFICATIONS C	OMPLETED			
	OMPLETED Certification	Certification #	Certification Date	
#		Certification #	Certification Date (if applicable, dd/mmm/yy)	Comments/Additional In
# (click on ce	Certification			Comments/Additional In
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(click on co	Certification ell, select from dropdown) Notes *	(if applicable)		
(click on ca	Certification ell, select from dropdown) Notes * Standards' tab on this form to re	(if applicable)	(if applicable, dd/mmm/yy)	well as expiry information
(click on co	Certification Ell, select from dropdown) I Notes * Standards' tab on this form to review their NCCP credentials, inc	(if applicable)	(if applicable, dd/mmm/yy)	well as expiry information
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(click on co	Certification ell, select from dropdown) I Notes * Standards' tab on this form to review their NCCP credentials, incidents (eg: first aid) ->	(if applicable) view certification requirements ba luding expiry dates, at the followir	(if applicable, dd/mmm/yy) sed on division, level, and position as was glink (need NCCP# to access):	well as expiry information
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1 2 3 4 5 caching Certification as see the 'Certification aching applicants can re Other Qualificat EFERENCES - Requirements of the company o	Certification ell, select from dropdown) Notes * Standards' tab on this form to review their NCCP credentials, inclinate (eg: first aid) -> wired for new coaches only practer.	(if applicable) view certification requirements ba luding expiry dates, at the following. v. May leave blank for returnersons on your proposed sta	sed on division, level, and position as a glink (need NCCP# to access): sing coaches. ff) who would be able to comm	well as expiry information Coaching Association of Canac
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Please email completed application to the Coaching Selection Committee at csc@waterlooravens.com

