

NORTH CENTRAL ONTARIO HOCKEY ASSOCIATION

COACHING APPLICATION FORM

Name:							
Address:							
	Prov. ON Postal Code						
		Cell:					
Email:							
Team(s) Applying For (number i	in preferred order 1	st, 2 nd , 3 rd – max 3.)	for the 2019-20 se	eason:			
Novice	Minor Peewee	Ma	ajor Bantam				
Minor Atom	Major Peewee	Minor Midget					
Major Atom	Minor Bantam	Major Midget					
Would you be interested in another team if your first choice isn't available? Yes: No: Coach Levels & Background:							
Level		Date Acquired	Expiry Date	te			
PRS (Speak Out) or Respect in S	Sport .		N/A				
<u>Coaching Experience</u> : Please provide a short resume outlining your experience and include previous positions held.							
Have you ever been charged und If YES, please explain and provid			Yes:				

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Do you have a valid Police Vulnerable Sector Check?	Yes:	No:	Year:
I hereby consent to a Police Vulnerable Sector Check?	Yes:	No:	

List three (3) references:			
Name:			
Address:			
City/Town:			
Res. Phone:	Work Phone:		Cell:
Email:			
Name:			
Address:			
City/Town:			
Res. Phone:			
Email:			
Name:			
Address:			
City/Town:			
Res. Phone:			
Email:			
Association (also known as the applied for by verifying the chamy application to receive a fave Check. I understand that the irrelevant organizations in order	racter references I have su courable review, I am requir nformation obtained will be	ipplied. I also ued to submit to held in confide	understand that in order for a Police Vulnerable Sector ence but may be shared with
Applicant's Signature			 Date
Witness' Signature			Date
Please attach resume and cor	npleted personal informatio	n form and se	nd to:
by e-mail: northcentralvp@gmail.com	by regular post:	North Cent PO Box 20 149 Westm Orillia, ON L3V 7X9	

Applications Must Be Received No Later Than: